FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS			Secretary of State			
	JMENT # M5266	65 (0)					
POT L	.UCK NURSERY, INC.						
]]]			
Principal Place of Business Mailing Address					CIEBIN IBI BINIO HOLE BALLO BALOL OIH	DIBH BIDII BIDII BERN BIDII	J 01011 100 1
2670 S. FLAMINGO ROAD 2670 S. FLAMINGO ROAD DAVIE FL 3330-1302				}			
DAVIE FL 3	3330	DAVIE PL 33330-1302					
				1	Incorporated or Qualified	3a. Date of Last R 04/01/1996	eport
2. Principal	Place of Business	2a. Mailing Address		4. FEI I	26/1987 Number		oplied For
21		26		59	-2814877		ot Applicable
Suite, Ar	ot #, etc	Suite, Apt. #, etc.		5. Cert	ificate of Status Desired	7	Additional equired
22 City & St	tate	City & State		ß Fleci	tion Campaign Financing	\$5,00	·
23		28		l l	Fund Contribution		to Fees
Zip 24	Country 25	Z _I p	Country 30	i	corporation has liability for i	ntangible tax under s	. 199.032,
	9. Name and Address of Curre	ent Registered Agent			ne and Address of New Re	gistered Agent	
	ARDO, RENEE		81 Na	me			
				eet Address (P.O. B	ox Number is Not Acceptab	ie)	
j U	AVIE FL 33330		83				
[94 00		 	las las	
			84 Cit	•		FLI	Code
11. Pursua	nt to the provisions of Sections 607 05 or registered agent, or both, in the Sta I am familiar with, and accept the obl	502 and 607,1508, Florida Statute te of Florida, Such change was a	s, the above-nar	ned corporation sub	mits this statement for the p	urpose of changing it	is registered
agent.	I am familiar with, and accept the obl	igations of, Section 607.0505, Flo	rida Statutes.	corporation a court	or amounts. Thoroby about	of the appointment as	, og iotoroa
SIGNATURI	E Signature, typed or pointed name of registered a	agent and title if applicable. (NOTE	Registered Agent sign	nature required when reinsta	ling)	DATE	
12.		ND DIRECTORS	13.	ADDI	TIONS/CHANGES TO OFFIC		
TITLE	P	☐ DELETE	1.1 TITLE		_	Change	Addition
NAME	PADRO, RENEE		1.2 NAME		renee		1
STREET ADDRES	2670 S. FLAMINGO ROAD DAVIE FL 33330		1.3 STREET ADDR	ESS			
THE	D	DELETE	2 1 TITLE			☐ Change	Addition
NAME	ALONSO, DELIA R		2.2 NAME				
STREET ADDRES			2.3 STREET ADOR	ESS			
City-ST-ZiP	DAVIE FL 33330	Flories	2. 4 CITY - ST - ZIP		·		Launt.
TITLE		L DELETE	3.1 TITLE			Change	Addition
NAME STREET ADDRES	38		3.2 NAME 3.3 STREET ADDR	200			
CITY-SI-ZIP			3.4. CITY-ST-ZIP				
TITLE	The second course of the second course of the second secon	☐ DELETE	4.1 TITLE		······································	Change	Addition
NAME			4. 2 NAME				
STREET ADDRES	.s		4.3 STREET ADOR	ESS			
CITY-ST-7IP		DELETE	4.4 CITY-ST-ZIP			Change	Addition
NAME		ר"ן הגדגונ	51 TITLE			Li change	MODITION)
NAME STREET ADORES	25		5.2 NAME 5.3 STREET ADDR	F 95			
CITY-ST-ZIP	,,		5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	l l			
STREET ADDRESS	is]		6.3 STREET ADDR	ESS			
CHY-S1-ZIP			6.4 CITY - ST - ZIP				ſ

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if Changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 02 1997 8:00am