

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

FILED

Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M76509** (2)

1. Corporation Name:
FANCI FOLIAGE, INC.



Principal Place of Business % E. FAYE MANN RT. 1, BOX 784C MYAKKA CITY FL 34251	Mailing Address % E. FAYE MANN RT. 1, BOX 784C MYAKKA CITY FL 34251-9726
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3. Date Incorporated or Qualified 04/14/1988	3a. Date of Last Report 03/14/1996
4. FEI Number 65-0033790	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 12250 MOBLEY POND LANE Suite, Apt. #, etc.	2a. Mailing Address 22 12250 MOBLEY POND LANE Suite, Apt. #, etc.
City & State 23 MYAKKA CITY, FL	City & State 28 MYAKKA CITY, FL 34251
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent MANN, E. FAYE RT. 1, BOX 784C MYAKKA CITY FL 34251	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 12250 MOBLEY POND LANE 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *E. Faye Mann* (NOTE: Registered Agent signature required when reinstating) **2/7/97** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MANN, E. FAYE		1.2 NAME	
STREET ADDRESS RT. 1, BOX 784C		1.3 STREET ADDRESS 12250 MOBLEY POND LANE	
CITY - ST - ZIP MYAKKA CITY FL		1.4 CITY - ST - ZIP	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MANN, J. WALTER		2.2 NAME	
STREET ADDRESS RT. 1, BOX 784C		2.3 STREET ADDRESS 12250 Mobley Pond Lane	
CITY - ST - ZIP MYAKKA CITY FL		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: *E. Faye Mann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/97 **941-322-2165**
Date Daytime Phone #

CR2E034 (9/96)