


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39964** (4)
1. Corporation Name
**MILTON J. BOONE HORTICULTURAL SCHOLARSHIP FUND I
NC.**



Principal Place of Business C/O JOHN ROSS ADAMS 101 SE 6 AVE. S-G DELRAY BEACH FL 33483 US		Mailing Address C/O JOHN ROSS ADAMS 101 SE 6 AVE. S-G DELRAY BEACH FL 33483 US		3. Date Incorporated or Qualified 09/14/1990	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-1862904	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Zip 29		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ADAMS, JOHN ROSS 101 SE 6 AVE S-G DELRAY BEACH FL 33483				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/instating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, H. CLINTON			1.2 NAME			
STREET ADDRESS	305 GULFSTREAM DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURRAY, DAVID			2.2 NAME			
STREET ADDRESS	8055 S. MILITARY TRAIL			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, DAVID			3.2 NAME			
STREET ADDRESS	1066 SW 27TH AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BCH FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDREL, J.W.			4.2 NAME			
STREET ADDRESS	11150 167TH PL			4.3 STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADAMS, JOHN ROSS			5.2 NAME			
STREET ADDRESS	101 SE 6 AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL			5.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LASETER, CARLENE			6.2 NAME			
STREET ADDRESS	933 ALLAMANDA DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL			6.4 CITY-ST-ZIP			

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED *John Ross Adams* (561) 278 9811

CR2E037 (10/97)