

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002451

1. Corporation Name
NATIONAL MUSEUM OF GARDENS, INC.

421840 - 90258 - 21

Principal Place of Business
634 WOODWARD STREET ORLANDO FL 32803

Mailing Address
634 WOODWARD STREET ORLANDO FL 32803



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/27/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3518415	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		30	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CLOOS, GREGORY P 634 WOODWARD STREET ORLANDO FL 32803				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85
				FL			

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D, P, C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOOS, GREGORY P A.S.L.A	1.2 NAME	CLOOS, GREGORY P. ASLA
STREET ADDRESS	634 WOODWARD STREET	1.3 STREET ADDRESS	634 WOODWARD STREET
CITY-ST-ZIP	ORLANDO FL 32803	1.4 CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRIEN, BRUCE	2.2 NAME	BERRIEN, BRUCE
STREET ADDRESS	172 DIRNELL AVENUE	2.3 STREET ADDRESS	172 DURNEILL AVE.
CITY-ST-ZIP	ROSILINDALE MA 02131	2.4 CITY-ST-ZIP	ROSILINDALE, MA 02131
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEFERT, CHRISTOPHER	3.2 NAME	SIEFERT, CHRISTOPHER
STREET ADDRESS	677 NORTH 9TH STREET	3.3 STREET ADDRESS	7447 SCHUYER AVE. 1ST FLOOR
CITY-ST-ZIP	BATON ROUGE LA 70802	3.4 CITY-ST-ZIP	PITTSBURGH, PA 15218
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	ANNETTE CLOOS, ANNETTE
STREET ADDRESS		4.3 STREET ADDRESS	634 WOODWARD STREET
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORLANDO, FL 32803
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 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, with all other like empowered.

SIGNATURE: GREGORY P. CLOOS Date: 4-23-99 Daytime Phone #: 407-678-0888

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