

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P93000010522 (9)

1. Corporation Name

STUART GARDEN SHOP, Inc.

1995 MAY -1 PM 1:26

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

500001474385

-05/03/95--01170--016

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business 99 N.E. 10 th St. Boca Raton Fl. 33432		Mailing Address 99 N.E. 10 th St. Boca Raton Fl. 33432	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0387782	3a. Date of Last Report 02/05/1993
21. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	Applied For Not Applicable
22. City & State	23. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$8.75 Additional Fee Required
24. Zip	25. Country	26. Zip	27. Country
28. Zip	29. Country	30. Zip	31. Country
9. Name and Address of Current Registered Agent LAMONTAGNE KEVIN M 640 E OCEAN AVE S-16 Boyton Bch. Fl. 33435		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. State 85. Zip Code	

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	
Signature (typed or printed name of registered agent and the # applicable)	
NOTE: Registered Agent signature required when reappointing	
DATE	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	☐ Change ☐ Addition
NAME	LUCILA BARRERA	1.2 NAME	
STREET ADDRESS	99 N.E. 10 th St.	1.3 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON, FL. 33432	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), 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 this 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: Lucila Barrera (Lucila BARRERA) 04/20/95 1(407) 338-6473