

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

FILED

Apr 08 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 # P93000011658 (0)

1. Corporation Name
BOTANICAL RESOURCES, INC.



Principal Place of Business 4374 ALBACORE CIR PORT CHARLOTTE FL 33948 8941 SPRINGWOOD CT. BONITA SPRINGS, FL. 34135	Mailing Address 4374 ALBACORE CIR PORT CHARLOTTE FL 33948 SAME
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3. Date Incorporated or Qualified 02/01/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0353711	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 8941 SPRINGWOOD CT	2a. Mailing Address 26 8951 BONITA BEACH RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 # 525-376
City & State 23 BONITA SPRINGS, FL.	City & State 28 BONITA SPRINGS, FL.
Zip 24 34135	Country 25 USA
Zip 29 34135	Country 30 USA

9. Name and Address of Current Registered Agent MORGAN, GERALDINE 4374 ALBACORE CIR PORT CHARLOTTE FL 33948 DECEASED	10. Name and Address of New Registered Agent 81 Name BERT F. INGELS 82 Street Address (P.O. Box Number is Not Acceptable) 8941 SPRINGWOOD CT. 83 84 City BONITA SPRINGS FL 85 Zip Code 34135
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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 **BERT F. INGELS, GENERAL MANAGER** DATE **4-4-97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE GENERAL MANAGER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORGAN, GERALDINE		1.2 NAME BERT F. INGELS	
STREET ADDRESS 4374 ALBACORE CIR		1.3 STREET ADDRESS 8941 SPRINGWOOD CT.	
CITY-ST-ZIP PORT CHARLOTTE FL 33948		1.4 CITY-ST-ZIP BONITA SPRINGS, FL. 34135	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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: **BERT F. INGELS** DATE **4-4-97** PHONE **941-498-5524**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)