

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000011658

1. Corporation Name
BOTANICAL RESOURCES, INC.

Principal Place of Business

8941 SPRINGWOOD CT
BONITA SPRGS FL 34135
US

Mailing Address

8951 BONITA BEACH RD
#525-376
BONITA SPRGS FL 34135
US

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90056 014 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1993

4. FEI Number

65-0353711

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes

No

2. Principal Place of Business

21 4820 TARPON AVE.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 BONITA SPRINGS, FL.

27 City & State

23 34134 US

28 City & State

24 Zip Country

29 Zip Country

25

30

9. Name and Address of Current Registered Agent

INGELS, BERT F
8941 SPRINGWOOD CT
BONITA SPRGS FL 34135

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4820 TARPON AVE.

83

84 City BONITA SPRINGS, FL 85 Zip Code 34134

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE GM
NAME INGELS, BERT F
STREET ADDRESS 8941 SPRINGWOOD CT
CITY-ST-ZIP BONITA SPRGS FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT

Change

Addition

1.2 NAME

1.3 STREET ADDRESS 4820 TARPON AVE.

1.4 CITY-ST-ZIP 34134

2.1 TITLE

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change

Addition

6.2 NAME

6.3 STREET ADDRESS

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 607, 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 life empowered.

SIGNATURE: BERT F. INGELS

3-26-99

941/380-1926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)