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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000023276 (7) NATURE'S ART NURSERY INCORPORATED

## FILED Feb 17 1998 8:00am Secretary of State

Principal Place		Mailing Address 6978 NW 81ST T	EBDACE	<u>-</u>		XI HIN XII IN XII IN XII
6978 NW 81ST TERRACE 6978 NW 81ST TERR PARKLAND FL 33067 PARKLAND FL 33067					DO NOT WRITE IN TH	NS SPACE
					3. Date Incorporated or Qualified	IO GITAGE
					03/29/1993	
Principal Place of Business     2a. Mailin			;		4. FEI Number	Applied For
21		26		65-0404009	Not Applicable	
Suite, Apt. 4	#, etc	Suite Apt. #, etc	3.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	)	City & State			6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	28	Coun	tru	Trust Fund Contribution	Added to Fees
24	25	29	30	u y	<ol> <li>This corporation owes or has paid the Personal Property Tex due June 30.</li> </ol>	Yes No
	g. Name and Address of Current	<u> </u>	190	7-2-	10. Name and Address of New Register	
Di	OLIN, ALAN J	<u>Y</u>	1	Name		··· ··· · · · · · · · · · · · · · · ·
	ATIONSBANK PLAZA			Street Add	ress (P.O. Box Number is Not Acceptable)	
	999 UNIVERSITY PLAZA			Silber Add	1.0. DOX PAINIDGE IS 1401 ACCEPTABLE)	
	ORAL SPRINGS FL 33071		Ī	33		
				34 City		85 Zip Code
			]			· <b>L</b>
agent. I ar SIGNATURE	agistared agent or bent, in the states in familiar with, and accept the obligation of the states agent agents agents agents agents.	tions of Section 607.050	05, Florida Statu	tes.	poration submits this statement for the purposition's board of directors. I hereby accept the acceptance to the acceptance to the acceptance to the acceptance the acceptance to	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	[_] DELET	E 1.1 TITL	E		Change Addition
NAME	DONNELLY, PATRICK B		1.2 NAN			
STREET ADDRESS	6978 NW 81ST TERRACE		1	EET ADDRESS		
CITY-ST-ZIP	PARKLAND FL 33067 D	DELET		-ST-ZIP		Change Addition
TITLE	DONNELLY, JACQUELINE L	[] OLITI	E 2.1 TITL 2.2 NAM	1	•	T Cutouffe T vacation
STREET ADDRESS	6978 NW 81ST TERRACE			EET ADDRESS		
CITY-ST-ZIP	PARKLAND FL 33067		11	Y-ST-ZIP		
TITLE		DELET				Change Addition
NAME			3.2 NAN	IE [		
STREET ADDRESS			3.3 STA	EET ADDRESS		
CITY - ST - ZIP		···		Y - ST - ZIP		
TITLE		DELET	E 4.1 T∂TL	E		Change Addition
NAME			4. 2 NAI	AE .		
STREET ADDRESS			4 3 STR	EET ADORESS		
CITY-ST-ZIP				-ST-ZIP		
TOTLE		DELET		· II		Change Addition
NAME			5.2 NAM			
STREET ADDRESS			•	ET ADDRESS		
CITY-ST-ZIP		DET		'-ST-ZIP		Change Addition
THTLE		ויין וינונו		ŀ		LI CHANGE LI AUGMON
NAME			62 NAM	Į.		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP			6.4 C(T)	-ST-ZIP	0. 4.0 07/0/25 50-14-00-14-14-14-14-14-14-14-14-14-14-14-14-14-	and the same also the same also

14. I nereby certify that the information supplied with this filling 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 supplicit in the same legal effect as if made under oath; that I am an officer or director of the curporation 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 appears.

SIGNATURE.

Pamel B. Donl

Resident & 21

954 341-3546