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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000031502 (6) HILLSBORO GARDEN CENTER, INC. Principal Place of Business Mailing Address 3612 HILLSBORO BLVD. 3612 HILLSBORO BLVD. DEERFIELD BEACH FL 33442-9405 DEERFIELD BEACH FL 33442 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1993 02/14/1996 2. Principal Place of Business Mailing Address 28. 4. FEI Number Applied For 26 65-0413249 21 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SILVERMAN, JONATHAN 3612 HILLSBORO BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **DEERFIELD BEACH FL 33442** 83 84 City Zip Code 85 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. 98 6 DELETE 1.1 TITLE ☐ Change NAME SILVERMAN, JONATHAN 1.2 NAME 3612 HILLSBORO BLVD. STREET ADDRESS 1.3 STREET ADDRESS **DEERFIELD BEACH FL 33442** CHTY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition THLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE ☐ Change NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change ☐ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TILE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with the information indicated on this a qual report or supplem I am an officer or director of the corporation or the redirector in Rtock 12 or Block 13 I changed to on an incident of the corporation or the redirector in Rtock 12 or Block 13 I changed to on an incident of the corporation 6.4 CITY - ST - ZIP willing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the intal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that liver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name rmation supplied with this

with an address.

SIGNATURE:

7 360 7444

FILED

Feb 18 1997 8:00am

Secretary of State