CORPORATION ANNUAL REPORT 1996		ORIDA DEPARTM Sandra B IN Secretary d DIVISION OF CO	Mortham of State			
OCUMENT # PS Corporation Name BOB SIMON'S NURSERY	930000535 , inc.	61 (5)				
icipal Place of Business 3886 22ND RD N	Mailing Ad	ldress 2ND RD N		I ( <b>b</b> b)(0,0,1,1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0		
OXAHATCHEE FL 33470		TCHEE FL 33470		<ol> <li>Date Incorporated or Qualif 08/02/1993</li> </ol>		of Last Report 2/03/1995
Principal Place of Business	2a. Mailing 26	Address		4. FEI Number 65-0436116		Applied For Not Applicable
Suite, Apt. #, etc.	Suite, A	Apt. #, etc.		5. Certificate of Status Desired	d []	\$8.75 Additional Fee Required
City & State	27 City &	State		6. Election Campaign Financin	<sup>19</sup>	\$5.00 May Be
Zip Country	28 Zip		Country	Trust Fund Contribution 8. This corporation has liability	y for intangible ta:	Added to Fees x under s 199.032,
25 9. Name and Addres	29 s of Current Registered A	gent 3	0	Florida Statutes	Yes No ew Registered A	Agent
13886 22ND RD N Loxahatchee FL 33470			83 84 City			85 Zin Code
LOXAHATCHEE FL 33470 Pursuant to the provisions of Section or registered agent, or both, in the S familiar with, and accept the obligation	State of Florida. Such change	e was authorized t lorida Statutes.	84 City the above-named corpo by the corporation's boa	rd of directors. I hereby accept the	appointment as	85 Zip Code anging its registered office registered agent. I am
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