

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000016162 (7)  
1. Corporation Name

AQUATIC PLANTS OF FLORIDA, INC.



Principal Place of Business: 15 CROSSROADS STE 221 SARASOTA FL 34239 US  
Mailing Address: 15 CROSSROADS STE 221 SARASOTA FL 34239 US

2. Principal Place of Business (21-24) and Mailing Address (2a-29) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date incorporated or Qualified: 03/01/1994  
3a. Date of Last Report: 06/13/1995  
4. FEI Number: 65-0472183  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: SHARELL, GILBERT J, 953 POMELO PL, SARASOTA FL 34236  
10. Name and Address of New Registered Agent: 81 Name: SHARELL, GILBERT J.; 82 Street Address: SARASOTA, FL 34236; 84 City: SARASOTA; 85 Zip Code: FL

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] (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DST	NAME: SHARELL, GILBERT J	1.1 TITLE: DPT	Change Addition
STREET ADDRESS: 5790 MIDNIGHT PASS RD.	CITY-ST-ZIP: SARASOTA FL 34242	1.2 NAME: SHARELL, GILBERT J	
		1.3 STREET ADDRESS: 953 POMELO PL.	
		1.4 CITY-ST-ZIP: SARASOTA, FL 34236	
TITLE: DP	NAME: REILLY, MICHAEL E	2.1 TITLE: DVS	Change Addition
STREET ADDRESS: 1785 SOUTHWOOD ST.	CITY-ST-ZIP: SARASOTA FL 34231	2.2 NAME: ANDERSON, DIANNE	
		2.3 STREET ADDRESS: 4945 HIDDEN OAKS LN.	
		2.4 CITY-ST-ZIP: SARASOTA, FL 34232	
TITLE: [DELETE]	NAME: [DELETE]	3.1 TITLE: [DELETE]	Change Addition
STREET ADDRESS: [DELETE]	CITY-ST-ZIP: [DELETE]	3.2 NAME: [DELETE]	
		3.3 STREET ADDRESS: [DELETE]	
		3.4 CITY-ST-ZIP: [DELETE]	
TITLE: [DELETE]	NAME: [DELETE]	4.1 TITLE: [DELETE]	Change Addition
STREET ADDRESS: [DELETE]	CITY-ST-ZIP: [DELETE]	4.2 NAME: [DELETE]	
		4.3 STREET ADDRESS: [DELETE]	
		4.4 CITY-ST-ZIP: [DELETE]	
TITLE: [DELETE]	NAME: [DELETE]	5.1 TITLE: 100001839521	Change Addition
STREET ADDRESS: [DELETE]	CITY-ST-ZIP: [DELETE]	5.2 NAME: -05/24/96--01125--000	
		5.3 STREET ADDRESS: ***200.00	
		5.4 CITY-ST-ZIP: [DELETE]	
TITLE: [DELETE]	NAME: [DELETE]	6.1 TITLE: [DELETE]	Change Addition
STREET ADDRESS: [DELETE]	CITY-ST-ZIP: [DELETE]	6.2 NAME: [DELETE]	
		6.3 STREET ADDRESS: [DELETE]	
		6.4 CITY-ST-ZIP: [DELETE]	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: [Signature] Gilbert J. Sharell Pres 5/1/96 941-952-9886

CR2E034 (12/95)