

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34239-6905 US
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3. Date Incorporated or Qualified 03/01/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0472183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1491 SECOND STREET Suite, Apt. #, etc. 22 STE C-1 City & State 23 SARASOTA, FL Zip 24 34236 Country 25 USA	2a. Mailing Address 26 1491 SECOND STREET Suite, Apt. #, etc. 27 STE C-1 City & State 28 SARASOTA, FL Zip 29 34236 Country 30 USA
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9. Name and Address of Current Registered Agent
SHARELL, GILBERT J
953 POMELO PL
SARASOTA FL 34238

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
1611 PINE BAY DRIVE
 B3
 B4 City
SARASOTA FL B5 Zip Code
34231

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	SHARELL, GILBERT J	
STREET ADDRESS	953 POMELO PL.	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, DIANNE	
STREET ADDRESS	4945 HIDDEN OAKS LN.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHARELL, Gilbert J.	
1.3 STREET ADDRESS	1611 PINE BAY DRIVE	
1.4 CITY-ST-ZIP	SARASOTA FL 34231	
2.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CARLTON Campbell	
2.3 STREET ADDRESS	4105 N. Briggs Ave - Apt 122	
2.4 CITY-ST-ZIP	SARASOTA FL 34237	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE _____ DATE _____

CR2E034 (9/96)