## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

P94000028413 (0)

ANAHEIM NURSERY, INC.

CITY-ST-ZIP

FILED Jul 21 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							
416 E WELCH RD APOPKA FL 32712		1714 HIDDEN MEADOWS WAY APOPKA FL 32712					
					1. 1.100	DO NOT WRITE IN THIS SPACE	
		/1417 App	Hidlen M	3.	27/2	3. Date Incorporated or Qualified 04/11/1994	
2. Princip	al Place of Business	2a. Mailing Addre	2a. Mailing Address			4. FEI Number	Applied For
21		26	26			59-3233150	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	term of			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip   29	and the state of t			This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible Yes No
	9, Name and Address of Co	urrent Registered Agent		. , -		10. Name and Address of New Registered	Agent
C	CHOI, CHUN K		i i	81	Name		
416 E WELCH RD APOPKA FL 32712				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			,
				84	City	FL	85 Zip Code
office	uant to the provisions of sections 607 or registered agent, or both, in the t. I am familiar with, and accept the	State of Florida. Such chang	ge was authorized	by ti	amed corporation	tion submits this statement for the purpose of chi's board of directors. I hereby accept the appoi	nanging its registered ntment as registered

SIGNATURE (NOTE: Registered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS TITLE DELETE 1.1 TITLE Change Addition CHOI. CHUN K NAME 1.2 NAME 424 E WELCH RD STREET ADDRESS 1.3 STREET ADDRESS APOPKA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DECETE 2.1 TITLE \_\_\_ Change \_\_\_\_ Addition CHOI. KYUNG S NAME 2.2 NAME 424 E WELCH RD STREET ADDRESS 2.3 STREET ADDRESS APOPKA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DETETE 3.17/TLE Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DEFETE 4.1 T(TLE NAME 4.2 NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DEFETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP TITLE 61 TITLE DELETE 5000026028 NAME 6.2 NAME -07/30/98--01008--049 STREET ADDRESS 6.3 STREET ADDRESS \*\*\*150.00

14. I 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 ennual 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 neceiver 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.

6.4 CITY-S1-ZIP

CR2E034 (5/98)

Page 2 (7-12-98)

To Whom It May Concern,

I have not received the 1st Notice to file for the 1998 Profit Corporation Annual Report. I've noticed (and corrected) the mailing address was not correct and penhapes their's the reason why I did not receive the first notice. I am enclosing the annual fee of \$150.00 and mailing it to you per your representative's instructions. Please be advised of my cornect mailing address in the future. Thank you.

Smoonly yours, .

Chark. M.

CHUN K. CHOI

President.