

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 17 AM 11:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000059122 (9)

1. Corporation Name

KINGDOM GARDEN PLANTS, INC.

Principal Place of Business

**1000 N AUDUBON DR
HOMESTEAD FL 33035**

Mailing Address

**1000 N AUDUBON DR
HOMESTEAD FL 33035**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/10/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0514169

Applied For

Not Applicable

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

**WALKER, OAKLEY
2487 NW 98TH ST
MIAMI FL 33147**

10. Name and Address of New Registered Agent

81

Name

SONETZ, PETER T

82

Street Address (P.O. Box Number is Not Acceptable)

1000 N AUDUBON DR

83

84

City

HOMESTEAD

FL

85

Zip Code

33035

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

PETER T. SONETZ

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

Peter T. Sonetz

4/10/95

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
WALKER, OAKLEY
2487 NW 98TH ST
MIAMI FL 33147**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
SONETZ, PETER T
1000 N AUDUBON DR
HOMESTEAD FL 33035**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

**D/P
SONETZ, PETER T
1000 N. AUDUBON DR
HOMESTEAD, FL 33035**

Change Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

**DIV/ST
KATHRYN A SONETZ
1000 N AUDUBON DR
HOMESTEAD, FL 33035**

Change Addition

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

Change Addition

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

Change Addition

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

Change Addition

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

Change Addition

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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE:

Peter T. Sonetz

PETER T. SONETZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95 (305)245-1484

Date

Telephone