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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9400063880 (6)

CORVIN'S NURSERY, INC.

Principal	Place o	of Bu siness
-----------	---------	---------------------

Mailing Address

4801 S.W. 111TH TERRACE FT. LAUDERDALE FL 33328 4801 S.W. 111TH TERRACE FT. LAUDERDALE FL 33328-390

FILED May 13 1997 8:00am Secretary of State



FI. LAUDERDA	TE FL 33326	FI. LAUDERDALE FL 33	328-3901				
					3. Date Incorporated or Qualified 08/25/1994	3a. Date of Las	•
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21	4 -1-	26			65-0551611		Not Applicable
Suite, Apt.	27		5. Certificate of Status Desired	5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State	e 	City & State			Election Campaign Financing Trust Fund Contribution	F	DO May Be ed to Fees
Zip	Country	Zip	Count	y .	8. This corporation has liability for in	ntangible tax unde	or s. 199.032,
24	25	29	30		Florida Statutes	LYes ☐ No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	jistered Agent	
	RLOS, TERESA		8.	Name			
	1 S.W. 111TH TERRACE		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
FT.	LAUDERDALE FL 33328						
			83	3			
			84	City		85 7	'ip Code
·				1		F1. 1	•
SIGNATURE	m familiar with, and accept the obligat				poration submits this statement for the pition's board of directors. I hereby acception when reinstaling)	DATE	as registered
12.	OFFICERS AND		13.	grant algorithms rada	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	PVST	☐ DELE1E	1.1 TITLE	7	PT	Chang	
NAME	CARLO, TERESA		1.2 NAME	-	•		,
STREET ADDRESS	4801 S.W. 111TH TERRACE		1.3 STREE	T ADDRESS		•	
CITY-ST-ZIP	FT. LAUDERDALE FL 33328		1.4 CHY-	S1-7/P			
TITLE	D	DELETE	2111111			Chang	ge Addition
NAME	CARLO, TERESA	, , ,	2.2 NAME	İ			
STREET ADDRESS	4801 S.W. 111TH TERRACE		2 3 STREE	T ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33328		2 4 CHTY	-ST-ZIP			
TITLE		☐ DELETE	31 TITLE	\overline{V}	<i>3</i>	Chang	ge Addition
NAME			3.2 NAME	V	icki L. Miller 1040 NW 18 TH CT.		-
STREET ADDRESS			3 3 STREE	T ADDRESS	1040 NW 18 TH C.I.		
CITY-ST-ZIP			3 4. CITY	S1-ZIP	Plantation, FL 33.	3 2 2	
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	ge ☐ Addilion
NAME			4. 2 NAM				
STREET ADDRESS			4.3 S1RFE	1 ADDRESS			
CITY-ST-ZIP			4.4 CITY -	\$1 - 7/P			
TITLE		☐ DELETE	5.1 TITLE			Chang	ge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	1 ADDRESS			
CITY-ST-ZIP			5.4 CITY-	\$1-ZIP			······································
TITLE		☐ DELETE	6.11111.8			☐ Chang	ge 🔲 Addition
NAME			6.2 NAME	1			
STREET ADDRESS			6.3 STREE	1 ADDRESS			
CITY-ST-ZIP			6.4 CITY -	S1-ZIP			

1. To 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 and dross.