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CORPORATION ANNUAL REPORT 1996	Sandra B M Secretary of DIVISION OF COL	Aortham of State	
DOCUMENT # P94000063	5750 (9)	
JARDIN BOTANICO, INC	り , 		
Principal Place of Business Mailing 550 Frangipani Ave.	P.U. Box		
Naples, FL. 33964		Z. 33939	3. Date Incorporated or Qualified 8-31-94 Jag Date of Last Report
21 550 Frangipani Ave. 26 f	ng Address D. BOX B, Apt. #, etc.	2653	4. FET Number (S − 0 5 2 7 9 3 7
City & State 23 Naples FL. 28 N	aples	FL·	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 33964 25 USA 29 32 9. Name and Address of Current Registere	3939 30 d Agent	Country	8. This corporation has liability for intangible tax uncler s 199.032, Florida Statutes Yes XNo 10. Name and Address of New Registered Agent
Mrs. Janet Blument		81 Name 82 Street Addres	ss (P.O. Box Number is Not Acceptable)
Naples Fra. 3		83 84 City	85 Zp Code
11. Pursuant to the provisions of Sections 607.0502 and 607.15	3940 08, Florida Statutes, thinge was authorized b	he above named corporat	FL
familiar with, and accept the obligations of Section 607,0505 SIGNATURE Signary I have expected rated of regular Layert and the diagram.	· · · · ·	ogoděnecí Ajpekt Sijbus acé celipatéis v	i of directors. Thereby accept the appointment as registered agent. Fam. $\frac{4-30-96}{\text{where remaining}}$
12. OFFICERS AND DIRECTOR	IS DELETE	13. 1 1 THLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS CITY-ST-ZIP Nacks FL 3394). '_o	1.3 STREET ADDRESS 1.4 CHY+ST-7:P	
Hensley, Richard W.	DETER	2 1 TiflE 22 NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP Naples TI IIILE D -	SGG DELETE	2.3 STREET ADDRESS 2.4 C/TY-ST-Z/P 3.1 TITLE	Change Addition
NAME BLUMERT, JANET W. STAFET ADDRESS 2885 Ecting Ave. DITY-ST-ZIP NOWNES FL. 3	× 544	3.2 NAME 3.3 STREET ADDRESS 3.4 C/TY - ST - Z/P	
TITLE NAME STREE! ADDRESS CITY-SI-ZIP	DELETE	4 1 TITLE 42 NAME 43 STREET ADDRESS 44 C.TY-ST-Z-P	20000130806 € □ Addition -05/06/9601013025 ***200.00
THEF NAME STREET ADDRESS	DELETE	5 1 TITLE 52 NAME 53 STREFT ADDRESS	☐ Change ☐ Addition
CITY-SI-ZIP THLE NAME	☐ DELETE	54 CHY - S1 - 7-P 6 1 TITLE 62 NAME	Change Addition
STREET ADDRESS DITY-ST-7/P 14. I do hereby certify that the information supplied with this filing	ns voluntarily furnishe	63 STREET ADDRESS 64 C-TY - ST - ZP d and does not qualify for	r the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that the information indicated on this annual report or s	supplemental annual r receiver or trustee en	eport is true and accurate ipowered to execute this.	e and that my signature shall have the same legal effect as if made under report as required by Chapter 607, Florida Statutes; and that my name
SIGNATURE: MATCHE AND TYPES OF PRINTED NAM	E OF SIGNING OFFICER OF	BDIRECTOR	4150/94 1741/262-4854