

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000086324 (8)

1. Corporation Name

JENNIFER'S FABULOUS FOLIAGE, INC.



Principal Place of Business

Mailing Address

3871 S LEJEUNE RD  
CORAL GABLES FL 33146

3871 S LEJEUNE RD  
CORAL GABLES FL 33146

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

LIMBASUTA, JENNIFER  
3871 S LEJEUNE RD  
CORAL GABLES FL 33146

3. Date Incorporated or Qualified 11/21/1994	3a. Date of Last Report 02/16/1995
4. FEI Number 65-0540481	Applied For Not Applicable
5. Certificate of Status Desired □	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution □	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes □ Yes □ No	

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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:

Signature of the officer or registered agent and title (if applicable) (NOTE: Registered Agent signature required for re-registration)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	□ Change	□ Addition
NAME	LIMBASUTA, JENNIFER	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	□ Change	□ Addition
STREET ADDRESS	3871 S LEJEUNE RD	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	□ Change	□ Addition
CITY-ST-ZIP	CORAL GABLES FL 33146	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	□ Change	□ Addition
TITLE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	□ Change	□ Addition
NAME		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	□ Change	□ Addition
STREET ADDRESS			□ Change	□ Addition
CITY-ST-ZIP			□ Change	□ Addition
TITLE			□ Change	□ Addition
NAME			□ Change	□ Addition
STREET ADDRESS			□ Change	□ Addition
CITY-ST-ZIP			□ Change	□ Addition
TITLE			□ Change	□ Addition
NAME			□ Change	□ Addition
STREET ADDRESS			□ Change	□ Addition
CITY-ST-ZIP			□ Change	□ Addition
TITLE			□ Change	□ Addition
NAME			□ Change	□ Addition
STREET ADDRESS			□ Change	□ Addition
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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE APPROVED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/1996 305 6632250

CR2E034 (3/96)