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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1997	DIVISION OF CORPORATION		_		
DOCUMENT # P9400 1. Corporation Name RV:GARDENS, INC.	00087959 (0)	SECRETARY OF STATE	97 JUL -3 AM II: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business	Mailing Address	i inglinal (de inili) alnili dolli dosti dosti	I AMURI KARAY MAMIN KANDA MINKA MANI KANI		
2517 W. DIANA ST TAMPA FL 33614 US	2517 W. DIANA ST. Tampa Fl 33614-4201 US				
		3. Date Incorporated or Qualified 12/05/1994	3a. Date of Last Report 04/16/1996		
2. Principal Place of Business	2a. Mailing Address	4. FE! Number 5933	08328 Applied For		
21	26	APPLIED FOR 5 / 53	Not Applicat		
Suite, Apt. #. etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip Country	8. This corporation has trability for Florida Statutes	intangible tax under s. 199.032, Yes ⊠No		

1200 S. PINE ISLAND ROAD PLANTATION FL 33324

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM

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	10. Name and Address of New Registered Agent
81	Name DORIS SOUTO
82	Street Address (P.O. Box Number is Not Acceptable)
83	2517 W. DIANA ST.

Applied For Not Applicable

FII FD

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 a	m lamiliar with, and accept the obligations of, Section	607.0505, Florid	a Statutes.	4	30/9
SIGNATURE	Signature / your died on Signature / you or printed name of registered agent and title if applicable	4//6/96	Ogent signature	PORIS SOUTO Doris Souto	_
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPTS	☐ DELETE	1.1 TITLE	Change Ad	dition
NAME	BACHMAN, CELIA H		1.2 NAME		
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NAME ,			6.2 NAME	YU C CO	
STREET ADDRESS			6.3 STREET ADDRESS	7-1/-9/	

6.4 CITY - ST - ZIP 14. I do 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 with an address.

PADIA H RACHMAN

4/78/96 602-983-6816