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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000009271 (4)

1. Corporation Name	_	<del></del> -	. ( .)							
ADAMS & FOSTER ORCHIDS, INC.										
							) (BOING DE PAR CRIBE BANK BONK DON	(† <b>14</b> 00 <b>16</b> 00		AH MARKUNEN JAAK
Principal Place of Business Mailing Address										
POOT OFFICE BOW AND			OST OFFICE BOX 1195							
APOPKA FL 32704-1196		APOPKA FL 32704-1195								
							3. Date Incorporated or Qualified	<b>3a</b> . Da	te of Last F	Report
Principal Disco of Business		·· r					01/31/1995			
2. Principal Place of Busin	2a, Mailing Address					4. FEI Number 59-3290857		<b>-</b> +	Applied For	
Suite, Apt. #, etc.	Suite, Apt. #, etc.					Not App				
22	27				5. Certificate of Status Desired \$8.75 Additional Fee Required					
City & State	City & State				6. Election Campaign Financing	··		0 May Be		
23 Apopka, FL	Zip Country					Trust Fund Contribution		Adde	d to Fees	
24 32704	2704 Country		30		Country		8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes. Yes No.			
9. Name and Address of Current Registered Agent							10. Name and Address of New R	_	Agent	
ROTH, MARTIN 814 HAAS ROAD				82	Street	Addres	s (P.O. Box Number is Not Acceptab	le)		
APOPKA FL 32704				83	<b> </b>	·				
711 OT 101 1 E OF 10	,,						= ~			
				84	***			FL		p Code
<ol> <li>Pursuant to the provis or registered agent, or</li> </ol>	sions of Sections 607,0502 a	ind 607.1508, Florida	Statutes, the ab	OVO-L	named co	orporati	on submits this statement for the purp of directors. Thereby accept the appo	iose of ch	anging its r	registered office
familiar with, and acce	ent the objections of, Section	n 607,0505, Florida 8	Statutes.	COIP	oration a	- FOOIO I	оголескогов. и петеру ассерт (пе аррс /	entment as	; registered	l agent. I am
SIGNATURE Signal typed	or printed name or registered gent am	d title if applicable	(NOTE Begistere	d Acer		n outstand and	3/22	196		
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	)BS IN 12
TILE		DELE	TE 11	TITLE		PD	· ······ · · · · · · · · · · · ·		Change	X Addition
NAME STREET ADDRESS				IAME		1	rtin J. Roth			i
CITY-ST ZIP					ADDRESS		Temple Circle			
TITLE		☐ DELE	IE 2 1	HTY - S TOTLE	1 - 20	Eus D	stis, FL 32726		Change	Addition
NAME		-	221	IAME		~	vid E. Roth			X) Addition
STREET ADDRESS			238	TREE	ADDRESS	l	8 Palmview Drive			
TITLE				ITY-S	<u>Г Z</u> :Р	1	pka, FL 32712=24	49		
NAME		☐ DELE	3 1 1 3.2 N			_		[	Change	☐ Addition
STREET ADDRESS					ADDRESS					
CITY-ST-ZiP				ITY - SI						
TITLE		☐ DELE	TE 4, 1 T	ITLE					Change	Add tion
NAME STREET ADDRESS			42 N							
CITY-ST-ZIP					ADDRESS					
TITLE		DELE	1.4.0 TE 5.1.T	TY-SI TLE	· ZIY				Change	Addition
NAME			5 2 N						_ onunge	L Notified
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CHY-SI-Z/P		Pi pris		ITY- 51	- ZIP					
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STREET ADDRESS			62 N		rotoree					
			635	INEE!	ADDRESS					}

CITY-S1-ZIP

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)(x). 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 cath; 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: X

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin J. Roth

3/2/46

(407) 884-8600