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**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P95000015230 (2)

**FILED** May 11 1998 8:00am Secretary of State

EC	DEN ORGANIC NURSERY S	Mailing Address						
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718 S.W. 7TH COURT HALLANDALE FL 33009		718 S.W. 7TH COURT Hallandale FL 33009	9		DO NOT WA	ITE IN THIS	SPACE	
					3. Date Incorporated or Qualifie			
					02/23/1995	-		
2. Princ	pipal Place of Business	2a. Mailing Address			4, FEI Number			pplied For
21		26			65-0557728		h	ot Applicable
Suite	, Apt. #, etc.	Suite, Apt. #, etc.						Additional
22		27			5. Certificate of Status Desired	L	Fee R	equired
City	& State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	<b>y</b>	8. This corporation owes or has	paid the cu	irrent year In	tangible
24	25	29	30		Personal Property Tax due Ju			] No
	9. Name and Address of C	urrent Registered Agent	81	Nome	10. Name and Address of New	Registered	Agent	
	AMERILAWYER		61		INE V. FOSS			
	343 ALMERIA AVE.		62	Street Addr	ess (P.O. Box Number is Not Accep	table)		
	CORAL GABLES FL 33134		-	110	30 7 64.			
			83					
			84	City	LANDALE		85 Zip	Code 9
					LANDALE	FL	■ !  / 2 ~	3009
				1447				<del></del>
11. Pur	suant to the provisions of Sections 60	07.0502 and 607.1508, Florida Statu	utes, the above	e-named corp	poration submits this statement for th	e purpose o	of changing i	ts registered
11. Pur offic age	suant to the provisions of Sections 60 be or registered agent, or both in the ont. I am familiar with, and accept the	e State of Horida. Such change was obligations of, Section 607.0505, F	utes, the above authorized by forida Statute:	e-named corp	poration submits this statement for th	cept the ap	of changing in pointment as	ts registered registered
11. Pur offic age SIGNAT	on the second second of the second the second the second the second second the second	o State of Florida. Such change was e obligations of, Section 607.0505, F Pusition	authorized by forida Statute:	e-named corp y the corporat s.	poration submits this statement for the lion's board of directors. I hereby action's	cept the ap	of changing i pointment as	ts registered registered
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14. I 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed and an attachment with an address.