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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000033938 (8)

GRASSROOTS PLANTS AND FLORAL DESIGN, INC.

Principal Place of Business

12126 B4TH ST., NORTH ROYAL PALM BEACH FL 33411 Mailing Address

12126 54TH ST., NORTH BOYAL PALM REACH FL 33411-8

## FILED Apr 30 1997 8:00am Secretary of State



·							3. Date Incorporated or Qualified 04/26/1995		te of Last )1/1996	
2. Principal Place of Business		2a. N	2a. Mailing Address				4. FEI Number			Applied For
21		26	26				65-0581317		\	ot Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State			City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Z	ip.	Cou	untry		B. This corporation has liability for	intangible	tax under	s. 199.032.
4	25	29		30			Florida Statutes	Yes [	] No	
	9. Name and Address of Curr	ent Registe	red Agent				10. Name and Address of New Re	gistered A	gent	
DREYER, SUSAN 12126 54TH ST., NORTH ROYAL PALM BEACH FL 33411					81 Name 82 Street Add		dress (P.O. Box Number is Not Acceptable)			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					63					
					84	City		FL	85 Zip	Code
office or re agent. I am SiGNATURE	gistered agent, or both, in the Sta n familiar with, and accept the obl	ite of Florida	. Such change wa	s authorize	d by th	ne corporali	oration submits this statement for the p on's board of directors. I hereby acce	pt the appo	ointment a	is registered
	characters to proper bottom or broad and an attended a	anont and title if a	annicable (N	OTE: Reporters	d Ages:	signature require	nd whon reinstation)	DATE		
	Ignature, typed or printed name of registered a OFFICERS A				d Agent	signature require	nd whon reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTO	RS IN 12
12.	OFFICERS A			OTE: Registered		signature require	nd whos reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTO	
12. TITLE	OFFICERS A		OR\$	13. 1.1 TC	IILE	signature require				
12. TITLE NAME	OFFICERS A  D  DREYER, SUSAN		OR\$	13. 1.1 TU 1.2 N/	ITLE AME					
12.  TITLE  NAME  STREET ADDRESS	OFFICERS A  D  DREYER, SUSAN  12126 54TH ST., NORTH	AND DIRECT	OR\$	13. 1.1 TU 1.2 N/ 1.3 ST	THE AME TREET AC	DDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A  D  DREYER, SUSAN	AND DIRECT	ORS DELETE	13. 1.1 T/ 1.2 N/ 1.3 S1 1.4 C/	ITLE AME TREET AC	DDRESS				Addition
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