

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000037855 (0)**

1. Corporation Name

**SUN GARDEN NURSERY, INC.**



Principal Place of Business

Mailing Address

**6350 NO. ANDREWS AVENUE STE 100  
FORT LAUDERDALE FL 33309**

**6350 NO. ANDREWS AVENUE STE 100  
FORT LAUDERDALE FL 33309**

3. Date Incorporated or Qualified

**05/12/1995**

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**Applied For**

☒ 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

9. Name and Address of Current Registered Agent

**GERRITS, ANDREW T  
6350 NO. ANDREWS AVENUE STE 100  
FORT LAUDERDALE FL 33309**

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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent Signature required when re-qualifying)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

**D  
GERRITS, ANDREW T  
6350 NO. ANDREWS AVENUE STE 100  
FORT LAUDERDALE FL 33309**

☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

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CITY - ST - ZIP**

☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☒ Addition

**DP  
Severino Rodriguez  
541 SW 122nd Avenue  
Miami, FL 33184**

☐ Change ☒ Addition

**DS  
Louis J. Boeri  
999 Ponce De Leon Blvd.  
Coral Gables, FL 33134**

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SIGNATURE:

**Severino Rodriguez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/96**

Date

**(954) 938-9801**

Officer's Phone #

CR2E034 (12/95)