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

P95000037855 (0) **DOCUMENT #** 1. Corporation Name

SUN GARDEN NURSERY, INC.

	/B	Maling Address					
Principal Place of Business 6350 NO. ANDREWS AVENUE STE 100 6350 NO. ANDREWS AVENUE STE 100			'S AVENUE STE 100				
	ROALE FL 33309	FORT LAUDERDAL				_	
				Date Incorporated or Qualified 05/12/1995	3a. Date of Last Rep	oort	
a Disassal Oss	as of Pusiness	2a, Mailing Address		4. FEt Number	X A	oplied For	
2. Principal Pla	ice of Busilless	26		Applied For	Not Applicable		
Suite, Apt. #, etc.		Surte, 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 liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ★ No.			
24	25	29	30	10. Name and Address of New I			
	9. Name and Address of Curr	ent Registered Agent	81 Nanie	10,			
GERRITS, ANDREW T 6350 NO. ANDREWS AVENUE STE 100				82 Street Address (P.O. Box Number is Not Acceptable)			
			62 Street				
FORT L	AUDERDALE FL 33309	,-	83				
			84 City		FL 85 Zip	Code	
			The state of the s	orporation submits this statement for the puboard of directors. Thereby accept the ap	roose of changing its re	gistered office	
SIGNATURE 12.	Signative it good or or neet name of registerior ag OFFICERS A	AND DIRECTORS	[NOTE Repotent Age 1 signature] 13.	appertwire renstatigi ADDITIONS/CHANGES TO OF DP	FICERS AND DIRECTO Change	RS IN 12	
TITLE	U		1. 1 TITLE 1.2 NAME	Severino Rodriguez		•	
NAME	GERRITS, ANDREW T	MIE OTE 100	1.3 STREET ADDRESS	541 SW 122nd Avenue			
STREET ADDRESS	6350 NO. ANDREWS AVE		14 CHY \$1-ZIP	Miami, Fl 33184			
CHY-SI-ZIP	FORT LAUDERDALE FL 33	DELETE		DS	Change	Add tion	
THILE		<u> </u>	2.2 NAME	Louis J. Boeri			
NAME STREET ADDRESS			2.3 STREET ADDRESS	999 Ponce De Le	on Blvd.		
			2.4 CHY+ST+ZIP	Coral Gables, F	1 33134		
CITY ST-ZIP TITLE		DELETE	3 1 TillE		Change	Add tion	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY - ST - ZIP			3.4 CHY ST-ZIP				
TITLE					Change	- Addison	
NAME	1	DELETE	4 1 TITLE			Addition	
140-mars	ĺ	☐ DELETE	4.2 NAME			Addition	
STREET ADDRESS		DELETE				Addition	
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS 4.4 CHY+ST-ZIP		Change		
		DELETE	42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP 5 1 TITLE		☐ Change	Addition	
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS 4.4 CHY+ST-ZIP		☐ Change		
STREET ADDRESS CHY-SI-ZIP TITLE			42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP 5 1 TITLE		☐ Change		
STREET ADDRESS CHTV-S1-ZIP TITLE NAME			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		☐ Change		

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)(k). 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 early that I am an officer or director of the corporation of 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 for on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

TITLE

NAME

STREE! ADDRESS

NING OFFICER OR DIRECTOR

4/22/96 (954) 938-9801 Date: Plade #

4 (440) 644 (10 (440) 540) 540) 540) 6604 660) 6645 (140) 1646 (140) 1646 (140) 644 (140)