

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000059831 (4)

1. Corporation Name

MYSTREES GARDENS CENTER, INC.



Principal Place of Business

**3210 60TH STREET SW
NAPLES FL 33999**

Mailing Address

**3210 60TH STREET SW
NAPLES FL 33999**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

County

28

Zip

County

25

9. Name and Address of Current Registered Agent

29

30

**MARTINEZ, ABELARDO
220 TIMBER LAKE CIR
BLDG B APT 102
NAPLES FL**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Created

08/01/1995

3a. Date of Last Report

4. FE Number

65-0602563

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0105 and 607.1504, 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 previously filed by the corporation's Board of Directors. Thereby, accept the appointment as registered agent in accordance with, and accept the obligations of, Sections 607.0105, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTINEZ, ABELARDO	
STREET ADDRESS	220 TIMBER LAKE CIR, BLDG B APT 102	
CITY-STATE-ZIP	NAPLES FL	
TITLE	P/SIT	<input type="checkbox"/> DELETE
NAME	MARIA A. MARTINEZ	
STREET ADDRESS	3210 60TH ST SW	
CITY-STATE-ZIP	NAPLES, FL 33999	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 STREET ADDRESS		
16 CITY-STATE-ZIP		
17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-STATE-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
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25 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 NAME		
27 STREET ADDRESS		
28 CITY-STATE-ZIP		
29 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
30 NAME		
31 STREET ADDRESS		
32 CITY-STATE-ZIP		

14. I, the undersigned, hereby certify that the information reported herein is true, correct and complete, and that I am an officer or director of the corporation, or the holder of a trust or other interest in the corporation, 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 holder of a trust or other interest in the corporation, and that my signature shall have the same legal effect as if made under oath, and that my name appears in Block 12 or Block 13 of this report, or on an attached exhibit thereto.

SIGNATURE:

Maria A. Martinez *Abelardo Martinez* 4-11-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)