

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FEE \$61.25

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000059831

1. Corporation Name

MYSTREES GARDENS CENTER, INC.

2. Principal Place of Business

3210 60TH STREET SW
NAPLES, FL 34116
US

3. Mailing Address

3210 60TH STREET SW
NAPLES, FL 34116
US

4. Principal Place of Business

21. Suite, Apt., Etc.

22. City & State

23. Zip Country

2a. Mailing Address

26. Suite, Apt., Etc.

27. City & State

28. Zip Country

9. Name and Address of Current Registered Agent

MARTINEZ, ABELARDO
3210 60TH ST SW
NAPLES, FL 34116

81. Name

82. Street Address (P.O. Box Number, if applicable)

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 607.0505, Florida Statutes.

SIGNATURE:

(NOTE: Registered Agent signature required when re-registering)

DATE: 9-28-99

12. OFFICERS AND DIRECTORS

D/P
MARTINEZ, ABELARDO
3210 60TH ST SW
NAPLES, FL 34116
S/T
MARTINEZ, MARIA A.
3210 60TH ST SW
NAPLES, FL 34116

[] DELETE

[] DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMENDED
FILED

99 OCT -1 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1995

4. FEI 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 owes the current year Intangible
Personal Property Tax. ☒ Yes [] No

10. Name and Address of New Registered Agent

100003009071--5

-10/07/99--01094--003

*****61.25 *****61.25

CR2E034 (11/98)

TS

9-28-99 (941)455-9820