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PROFIT CORPORATION ANNUAL REPORT 1999



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

AMENDED FILED

99 OCT -1 PM 2:16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P95000059831

MYSTREES GARDENS CENTER, INC.

1. Principal Place of Business: 3210 607H STREET SW NAPLES, FL 34116 US

2. Principal Place of Business: 21. Suite: Apt. #, etc. 22. City & State 23. Zip Country 24. 25. 26. Mailing Address 27. Suite, Apt #, etc. 28. City & State 29. Zip Country 30.

9. Name and Address of Current Registered Agent

MARTINEZ, ABELARDO 3210 607H ST SW NAPLES, FL 34116

81. Name 82. Street Address (P.O. Box Number) 83. 84. City 85. Zip Code

11. I, the undersigned, being a duly qualified and authorized officer or director of the above-named corporation, hereby certify that the information furnished herein is true and correct and that I am a resident of the State of Florida.

SIGNATURE: Abelardo Smartz

DATE: 9-28-99

12. OFFICERS AND DIRECTORS: 12.1 NAME, 12.2 STREET ADDRESS, 12.3 CITY-STATE-ZIP, 12.4 CITY-STATE-ZIP, 12.5 NAME, 12.6 STREET ADDRESS, 12.7 CITY-STATE-ZIP, 12.8 NAME, 12.9 STREET ADDRESS, 12.10 CITY-STATE-ZIP, 12.11 NAME, 12.12 STREET ADDRESS, 12.13 CITY-STATE-ZIP, 12.14 NAME, 12.15 STREET ADDRESS, 12.16 CITY-STATE-ZIP, 12.17 NAME, 12.18 STREET ADDRESS, 12.19 CITY-STATE-ZIP, 12.20 NAME, 12.21 STREET ADDRESS, 12.22 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 13.1 TITLE, 13.2 NAME, 13.3 STREET ADDRESS, 13.4 CITY-STATE-ZIP, 13.5 TITLE, 13.6 NAME, 13.7 STREET ADDRESS, 13.8 CITY-STATE-ZIP, 13.9 TITLE, 13.10 NAME, 13.11 STREET ADDRESS, 13.12 CITY-STATE-ZIP, 13.13 TITLE, 13.14 NAME, 13.15 STREET ADDRESS, 13.16 CITY-STATE-ZIP, 13.17 TITLE, 13.18 NAME, 13.19 STREET ADDRESS, 13.20 CITY-STATE-ZIP

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 included 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: Abelardo Smartz

DATE: 9-28-99 DAYTIME PHONE #: (941) 455-9820

CR2E034 (1/198)