

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000066008 (0)

1. Corporation Name

EXOTIC LANDSCAPES BY DAVE JOHNSTON, INC.



Principal Place of Business 5665 99TH TERRACE NORTH PINELLAS PARK FL 34666	Mailing Address 5665 99TH TERRACE NORTH PINELLAS PARK FL 33782-3322
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2. Principal Place of Business 21 6399 90th Avenue N. Suite, Apt. #, etc.		2a. Mailing Address 26 6399 90th Avenue N. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/25/1995	3a. Date of Last Report 03/11/1996	
22 City & State 23 Pinellas Park, FL Zip Country 24 33782 25 Pinellas		27 City & State 28 Pinellas Park, FL Zip Country 29 33782 30 Pinellas		4. FEI Number 59-3340023	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

9. Name and Address of Current Registered Agent

JOHNSTON, DAVID
5655 99TH TERRACE NORTH
PINELLAS PARK FL 34666

10. Name and Address of New Registered Agent

81 Name Johnston, David	82 Street Address (P.O. Box Number is Not Acceptable) 6399 90th Avenue N.	83
84 City Pinellas Park	FL	85 Zip Code 33782

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

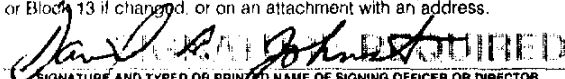
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP		2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
		4.1 TITLE	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
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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

4/21/97 (813) 545-8010
Date Daytime Phone #

CRCE034 (9/96)