## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000080644 (4)

ARBOR PLANT HEALTH CARE, INC.

APPROVEU AND FILED

97 JUL 24 AM 9: 21

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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2. Mailing Address   2. Mailing Address   3. Mailing Address   4. FER Northor   Address   April 4. etc.   5. Certificate of Stalus Desired   58.05.2551   Suite April 4. etc.   5. Certificate of Stalus Desired   58.075 Additional For Required City 6. State   City 6. St									
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28   29   20   20   20   20   20   20   20	City & State	•		City & State	9			6. Election Campaign Financing	\$5.00 May Be
S. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   15. Name	23			28				Trust Fund Contribution	
S. Name and Address of Current Registered Agent  FISHER, STEVE L  FISHER STEVE STEVE L  FISHER			Country	<b>├</b> ──── `	-		<i>f</i>	· · · · · · · · · · · · · · · · · · ·	
FISHER, STEVE L 5798 WESTERN WAY LAKE WORTH FL 33483  83  84 City FL 85 Zip Code  63  64 City FL 85 Zip Code  65  67 City Flaguant to the provisions of Socitions 607,0502 and 607,1508, Florids Statutes, the above named corporation submits this statement for the purpose of changing its regulatore alignent, or body, in the State of Fjorids Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent, or body, in the State of Fjorids Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent, or body are information of legislation during the displaced agent will the displaced agent will the displaced agent will the displaced agent agen	24		d Adduing of Common			30	· <del></del>		
##### 165.00 PELETE   DELETE   STREET ADDRESS   DELETE   STREET ADDRESS	FIG			t Registered Agent		91	Name	10, Name and Address of New F	registered Agent
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B3						82	Street #	Address (P.O. Box Number is Not Accept	able)
11. Pursuant to the provisions of Sociions 607.0502 and 607.1506. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fjorida Such change was authorized by the corporation's board of directors. I hereby accept the appointment are registered agent, and the statement for the purpose of changing its registered agent. I am familiar with, analysis of Sociation 67.0505. Florida Statutes.  IGNATURE    Description   De	LA	VE MOKILI LI	L 33403			83	<del> </del>	<u> </u>	<del></del>
11. Pursuant to the provisions of Socilions 6D7 0502 and 607 1508, Floride 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 Fjorida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familier with, analyse depth of digitalization 607, 505, Floride Statutes.  ISIGNATURE  Signature, typed or preformation by decaded the capticable.  POFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. 1.1 THE 12.2 MARE 1.2 STREET ADDRESS 1.2 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CHTV ST.2P 1.2 THE 2.2 NAME 2.2 SAME 2.2 SAME 2.2 SAME 2.2 SAME 2.2 SAME 2.2 SAME 2.3 STREET ADDRESS 1.3 THE 1							<u></u>		
11. Pursuant to the provisions of Sections 607 0502 and 607 1500. Florida Statutes, the above named composition's toward of cinetors. I hereby accept the appointment as registered agent. I am familiar with, and packed the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE						84	City		85 Zip Code
office or registered agent, or both, in the State of Florida. Such change was euthorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familier with. and applications of Section 607.0506, Florida Statutes.  IGNATURE  IQUID THE STATE OF FIGURE AND DIRECTORS  IQUID THE STATE OF FIGURE AND DIRECTORS  IQUID THE STATE OF FIGURE AND DIRECTORS  IQUID THE STATE OF FIGURE AND DIRECTORS IN 12  INTIRE COPAL SPRINGS FL 33065  IQUID THE LANGES OF STATE O	11. Pursuant t	o the provisions	of Sections 607 050:	2 and 607, 1508. Flo	rida Statutes	s the abov	L e-named⊪	corporation submits this statement for the	purpose of changing its registe
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12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   11 TITLE	SIGNATURE .	Signature, typed or pr	rinted name of legistered agei	nt and title if applicable.	(NOTE:	Rogistered Ag	ent signature	required when reinstating)	DATE
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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.	information	n indicated on the	his annual report or s	upplemental annual	report is tru	ie aud acc	urate and	that my signature shall have the same le	gal effect as if made under oath;
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