FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000082300 (1)

1. Corporation Name

OUTBACK NURSERIES, INC.

Principal Place of Business	Mailing Address
50 SE FOURTH AVENUE DELRAY BEACH FL 33483	50 SE FOURTH AVENUE DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: 10/24/1995	3a. Date of Last Report
4. FEI Number: 65-0629956	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 5154 Oakhill Rd	26 5154 Oakhill Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Delray Bch, FL	City & State 28 Delray Bch, FL
Zip 24 33485 Country 25 Palm Beach	Zip 29 33485 Country 30 Palm Beach

9. Name and Address of Current Registered Agent

~~PERRY, MARK A~~
~~50 SE FOURTH AVENUE~~
~~DELRAY BEACH FL 33483~~

10. Name and Address of New Registered Agent

81 Name: Delores A. Raimondi
82 Street Address (P.O. Box Number is Not Acceptable): 5154 Oakhill Rd
83 Delray Bch, FL 33485
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: Delores A. Raimondi 4/12/96
Signature, Typed or Printed Name of Registered Agent and Date

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	RAIMONDI, MICHAEL J	
STREET ADDRESS	5154 OAKHILL ROAD	
CITY-ST-ZIP	DELRAY BEACH FL 33485	
TITLE	STD	☐ DELETE
NAME	RAIMONDI, DELORES A	
STREET ADDRESS	5154 OAKHILL ROAD	
CITY-ST-ZIP	DELRAY BEACH FL 33485	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	100001795031 -04/25/96--01097--004 ***200.00	☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Delores A. Raimondi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15, 1996
Date

(407) 498-0066
Daytime Phone #

0283353 CP