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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000090295 (3)

1. Corporation Name

AMANDA'S SECRET GARDEN, INC.



Principal Place of Business

212 SOUTH LAKE DRIVE
LAKE HELEN FL 32744

Mailing Address

P.O. BOX 58
LAKE HELEN FL 32744

3. Date Incorporated or Qualified

11/28/1995

3a. Date of Last Report

n/a

2. Principal Place of Business

2a. Mailing Address

21 1830 Patterson Ave.
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 Deland FL 32724

27 City & State

23 City & State

28 City & State

24 Zip

Country

25 Zip

Country

32724

29 Zip

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KURT R. BORGLUM, P.A.
366 E. GRAVES AVENUE
SUITE B
ORANGE CITY FL 32763

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

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 D
NAME FISHER, ROBYNN
STREET ADDRESS 212 SOUTH LAKE DRIVE
CITY-ST-ZIP LAKE HELEN FL 32744

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1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 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

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***200.00

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:

Robynn Fisher - President
Robynn Fisher - President

2-23-96

Date

Daytime Phone #

CR2E034 (12/95)

5/1/96