

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

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Apr 02 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 # **P96000000537 (6)**

1. Corporation Name
THE HENDERSON GARDENS COMPANY



Principal Place of Business 1213 CLEVELAND STREET CLEARWATER FL 34615	Mailing Address 1213 CLEVELAND STREET CLEARWATER FL 34615-4908
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3. Date Incorporated or Qualified 01/02/1996	3a. Date of Last Report N/A
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 2778 QUAIL Hollow Rd. 27 Suite, Apt. #, etc. 28 Clearwater, FL 29 Zip Country 30 34621 Pinellas	4. FEI Number 59-3351908	Applied For <input type="checkbox"/> 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
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**EICHOLTZ, KIRK D ESQ
111 E. MADISON STREET, SUITE 2400
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name Mark H. Wilkins
82 Street Address (P.O. Box Number is Not Acceptable) 2778 QUAIL Hollow Road, W.
83
84 City Clearwater
85 Zip Code FL 34621

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 Mark H. Wilkins DATE 3/25/97

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 VICE PRESIDENT/SECRETARY <input checked="" type="checkbox"/> DELETE	NAME MARK H. WILKINS	1.1 TITLE VICE PRESIDENT/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME TIM ANDREYKA
STREET ADDRESS 2778 QUAIL Hollow R. W.	CITY-ST-ZIP Clearwater, FL 34621	1.2 NAME	1.3 STREET ADDRESS 30 ST. CLAIRE LAWE
TITLE <input type="checkbox"/> DELETE	NAME	1.4 CITY-ST-ZIP ATLANTA, GA 30324	2.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	2.2 NAME TIM ANDREYKA	2.3 STREET ADDRESS 30 ST. CLAIRE LAWE
CITY-ST-ZIP	CITY-ST-ZIP	2.4 CITY-ST-ZIP ATLANTA, GA 30324	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	NAME	3.2 NAME	3.3 STREET ADDRESS
STREET ADDRESS	STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CITY-ST-ZIP	4.2 NAME	4.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	4.4 CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	5.2 NAME	5.3 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE	NAME	6.2 NAME	6.3 STREET ADDRESS
STREET ADDRESS	STREET ADDRESS	6.4 CITY-ST-ZIP	
CITY-ST-ZIP	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: Mark H. Wilkins Mark H. Wilkins DATE 3/25/97 (813) 725-0760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)