

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.)

APPROVED  
AND  
FILED

①

1997 JUL 24 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000004118 (1)**  
 1. Corporation Name  
**HORTICULTURAL SERVICES OF SOUTH FLORIDA, INC.**

Principal Place of Business <b>2114 NOVA VILLAGE DRIVE DAVIE FL 33317</b>	Mailing Address <b>2114 NOVA VILLAGE DRIVE DAVIE FL 33317</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/12/1996</b>		3a. Date of Last Report <b>N/A</b>	
2. Principal Place of Business <b>21 854 FAIRWAY DRIVE</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 854 FAIRWAY DR</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0655283</b>	Applied For Not Applicable
22 <b>PLANTATION FL</b> City & State	27 <b>PLANTATION FL</b> City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip <b>33317</b> Country	28 Zip <b>33317</b> Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>33317</b> 25		29 <b>33317</b> 30	

9. Name and Address of Current Registered Agent  
**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	<b>8000002252828-7</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>-07/30/97-01091-007</b> <b>****165.00 ****165.00</b>
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD TACQUARD, BRENDA K 2114 NOVA VILLAGE DRIVE DAVIE FL 33317</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD TACQUARD, NICHOLAS R 2114 NOVA VILLAGE DRIVE DAVIE FL 33317</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>854 FAIRWAY DRIVE</b>
1.4 CITY-ST-ZIP	<b>PLANTATION FL 33317</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>854 FAIRWAY DRIVE</b>
2.4 CITY-ST-ZIP	<b>PLANTATION FL 33317</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

CR2E034 (4/97)

*Handwritten signature/initials*



**HORTICULTURAL SERVICES  
OF SOUTH FLORIDA, INC.**

854 FAIRWAY DRIVE  
PLANTATION, FL 33317  
PH (954) 584-5300 FAX (954)584-2076  
PAGER (954) 896-5064  
Broward C.C. # 96-CLS-630-X

Florida Department of State  
Division of Corporations

07-21-97

Dear Sandra Mortham,

We just received the second notice annual report form in the mail. This is the first one that we have received, some how we didn't get the first form. This is the first year we have had to fill out one of these forms. We apologize for not sending in the fee on time, we didn't know that it was required. The last place we did business in Texas it wasn't required. Please excuse the late fee, this was an honest mistake. We won't be late again. Thank you, Nick Tacquard.

*Nick Tacquard*