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May 05 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 # **P96000020203**
1. Corporation Name

GNARLY GNOME GNURSERY CORP.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **March 5, 1996** 3a. Date of Last Report **n/a**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 3130 S.W. 202nd Avenue	26 2300 Hiatus Road	65-0644495	<input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State Ft. Lauderdale FK	28 City & State Davie FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33335	25 Country USA	29 Zip 33325	30 Country USA
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

10. Name and Address of New Registered Agent

Capital Connection, Inc.
417 E. Virginia Street, Suite 1
Tallahassee, FL 32301

81 Name **Moody, Jones & Montefusco, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable) **1333 So. University Drive, Suite 201**
83
84 City **Plantation** 85 Zip Code **FL 33324**

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 not a partner, officer, director, or shareholder of the corporation.

SIGNATURE by: **Moody, Jones & Montefusco, P.A.** **Steve E. Moody, Pres.** DATE **4/15/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
NAME	STREET ADDRESS	13 STREET ADDRESS	14 CITY-ST-ZIP
CITY-ST-ZIP	15 CITY-ST-ZIP	21 TITLE	22 NAME
TITLE	NAME	23 STREET ADDRESS	24 CITY-ST-ZIP
NAME	STREET ADDRESS	31 TITLE	32 NAME
CITY-ST-ZIP	33 STREET ADDRESS	34 CITY-ST-ZIP	41 TITLE
TITLE	NAME	42 NAME	43 STREET ADDRESS
NAME	STREET ADDRESS	44 CITY-ST-ZIP	51 TITLE
CITY-ST-ZIP	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP
TITLE	NAME	61 TITLE	62 NAME
NAME	STREET ADDRESS	63 STREET ADDRESS	64 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 as an attachment with an address.

SIGNATURE: **Francis R. Casey, Jr.** DATE **4/15/97** (954) 472-1245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Francis R. Casey, Jr., President

CR2E034 (9/96)