

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

FILED

Apr 21 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|--|--|------------------------|
| DOCUMENT # P96000020824 | | | |
| 1. Corporation Name LIVING IMAGES NURSERIES, INC. | | | |
| Principal Place of Business | | Mailing Address | |
| 5950 Hester Avenue Sanford, Florida 32773 | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | | 26 | Post Office Box 522261 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | | 27 | |
| City & State | | City & State | |
| 23 | | 28 | Longwood, Florida |
| Zip | | Zip | |
| 24 | | 29 | 32752 |
| Country | | Country | |
| 25 | | 30 | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| Midstate Legal Supply Corp. 4435 Old Winter Garden Road Orlando, Florida 32811 | | 81 Name Louis Leon Banka, II | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) 5950 Hester Avenue | |
| | | 83 | |
| | | 84 City Sanford | |
| | | FL | |
| | | 85 Zip Code 32773 | |
| 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 | | LOUIS LEON BANKA, II | |
| 4/10/97 | | 4/10/97 | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1.1 TITLE Director | | 1.1 TITLE Director | |
| 1.2 NAME Raymond G. Schaol | | 1.2 NAME Louis Leon Banka, II | |
| 1.3 STREET ADDRESS 5268 Jade Circle | | 1.3 STREET ADDRESS 5950 Hester Avenue | |
| 1.4 CITY-ST-ZIP Orlando, Florida 32812 | | 1.4 CITY-ST-ZIP Sanford, Florida 32773 | |
| 2.1 TITLE [] DELETE | | 2.1 TITLE [] Change [] Addition | |
| 2.2 NAME | | 2.2 NAME | |
| 2.3 STREET ADDRESS | | 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| 3.1 TITLE [] DELETE | | 3.1 TITLE [] Change [] Addition | |
| 3.2 NAME | | 3.2 NAME | |
| 3.3 STREET ADDRESS | | 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| 4.1 TITLE [] DELETE | | 4.1 TITLE [] Change [] Addition | |
| 4.2 NAME | | 4.2 NAME | |
| 4.3 STREET ADDRESS | | 4.3 STREET ADDRESS | |
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| 5.1 TITLE [] DELETE | | 5.1 TITLE [] Change [] Addition | |
| 5.2 NAME | | 5.2 NAME | |
| 5.3 STREET ADDRESS | | 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| 6.1 TITLE [] DELETE | | 6.1 TITLE [] Change [] Addition | |
| 6.2 NAME | | 6.2 NAME | |
| 6.3 STREET ADDRESS | | 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | | 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. | | | |
| SIGNATURE: | | President | |
| LOUIS LEON BANKA, II | | 4/10/97 | |

CR2E034 (9/96)