

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

FILED
May 06 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 # P96000030516 (4)

1. Corporation Name
PLANET PLANTS, INC.



Principal Place of Business 5815 POLK STREET APT. 3 HOLLYWOOD FL 33021	Mailing Address 5815 POLK STREET APT. 3 HOLLYWOOD FL 33021-6333
---	--

2. Principal Place of Business 21 2523 COOLIDGE ST. Suite, Apt. #, etc.		2a. Mailing Address 26 2523 COOLIDGE ST. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/01/1996	3a. Date of Last Report
22 City & State 23 HOLLYWOOD FLORIDA Zip Country 24 33020 25 DADE		27 City & State 28 HOLLYWOOD FLORIDA Zip Country 29 33020 30 DADE		4. FEI Number 65-0663582	Applied For 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent KINSMAN, TRACY D 5815 POLK STREET APT. 3 HOLLYWOOD FL 33021		10. Name and Address of New Registered Agent	
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 fee if applicable (NOTE: Registered Agent's signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	OWNER, PRESIDENT
NAME	BOLLING, JOEL S	1.2 NAME	BOLLING, JOEL SCOTT
STREET ADDRESS	5815 POLK STREET APT. 3	1.3 STREET ADDRESS	2523 COOLIDGE ST.
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	VD	2.1 TITLE	MARKETING OFFICER
NAME	KINSMAN, TRACY D	2.2 NAME	TRACY D. KINSMAN
STREET ADDRESS	5815 POLK STREET APT. 3	2.3 STREET ADDRESS	2523 COOLIDGE ST.
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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: *Joel S. Bolling* PRESIDENT 1-77-97 (20-77-200)

CR2E034 (9/96)