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

Mailing Address

2a. Mailing Address

City & State

Zio

Suite, Apt. #, etc.

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240 CRANDON BLVD STE 106 KEY BISCAYNE FL 33149-1543

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

240 CRANDON BLVD STE 106

2. Principal Place of Business

KIENE, H J

KEY BISCAYNE FL 33149

Suite Apt #. etc

City & State

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Źid



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000045879 (9)

Country

9. Name and Address of Current Registered Agent

25

240 CRANDON BLVD STE 106

**KEY BISCAYNE FL 33149** 

BOTANICA FEE DEVELOPER, INC.

63 84 City 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) of registered agent and title it appropable DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) \_\_ DELETE Change TITLE 1.1 TITLE SCHARENBERG, FRITZ NAME 1.2 NAME 240 CRANDON BLVD STE 106 STHEET ADDRESS 1.3 STREET ADDRESS **KEY BISCAYNE FL 33149** CITY - ST - ZIP 1.4 CITY - ST-ZIP DELETE THE 2.1 TITLE Change Addition DE ALMEIDA, AILI NAME 2.2 NAME 240 CRANDON BLVD STE 106 STREET ADDRESS 2.3 STREET ADDRESS KEY BISCAYNE FL 33149 CITY-ST-ZIE 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - \$1 - 21P 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STHEET ADORESS 4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY - ST-ZIP

5 1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

Country

82

Name

30

**APPROVED** 

1997 JAN 30 AH 8: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	DIN ARM BIRA	

Yes No

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

05/30/1996

4. FEI Number

14. I do nereby 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:

CITY - \$1 - 7IP

STREET ADDRESS

STREET ADDRESS

CITY - \$1 - ZIP

CITY-ST-ZIP

Till, E

TOTALE

NAME

DELETE

DELETE

1-8-97 305-761-2742
Date Daytime Phone #

☐ Change

Change

Addition

Addition