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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STA Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000047225 (3)

## FILED Jan 21 1998 8:00am Secretary of State

Principal Place of Business	R. J. DAVIS SALES INC.						
Mailing Andress SSS FlowErs ROAD WEST PALM BEACH Ft, 39412  2. Phinoipis Place of Business 2. A. Mailing Address SSS FlowErs ROAD WEST PALM BEACH Ft, 39412  2. Phinoipis Place of Business 2. A. Mailing Address Survey Road							
898 POWER ROAD   WEST PALM BEACH FL 33413   DO NOT WRITE IN THIS SPACE				<del></del>			
WEST PALM BEACH FL 33413  WEST PALM BEACH FL 33413  DO NOT WHITE IN THIS SPACE  3. Date incorporated or Qualified  (\$5/29/1986  3. Date incorporated or Qualified  (\$5/29/1986  3. Date incorporated or Qualified  (\$5/29/1986  4. Fill Number  Solids, Apt F. etc.  Solids, Apt F. etc.	1 '		-				
2. Principal Place of Business							
Control   Prince of Business   2a. Melling Address   4. FE Number   Applied For   Number Applied Applie						IIS SPACE	
2. Minigh Andress   2. Mailing Andress   3. Mailing Andress   3. Country   5. Certificate of Status Desired   5. Certificate of Certificate of Status Desired   5. Certificate of Certificate of Certificate of Status Desired   5. Certificate of Certificate Official Status Offici							
Suite Apt if, rick   Sixte   Sixte   Suite	9 Principal I	Bloom of Business	On Mailing Address			1 14	
Suite, Apt. if. etc.						<del></del>	
City & State				RK DALE DR.		<del></del>	
23   AKe   Werth   FL   28   AKe   Werth   FL   28   AKE   Werth   FL   This Fund Contribution   Added to Fees   20   23   33   46   3   3   46   3   28   46   3   28   46   3   46   3   46   3   46   46					5. Certificate of Status Desired		
Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Zip   Country   Zip   Zip   Country   Zip	City & State City & State				· · · · · · · · · · · · · · · · · · ·		
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DAVIS, ROBERT J  STORE ADDRESS ROY, ST. 2P  18 Name  10, Name and Address of New Registered Agent  10, Name and Address of New Registered Agent  11, Parametr to the provisions of Sections 607,0502 and 607,1508, Provisions of Sections 607,0502 and 607,1508, Provisions of Sections 607,0502 and 607,1508, Provisions of Sections 607,0503 and 607,1508, Provisions of Sections 607,0503, Provisions of Sections 607,0503 and 607,1508, Provisions of Sections 607,0503, Provisions 607,0503, Provis		•		_ ′	· · · · · · · · · · · · · · · · · · ·		
DAVIS, ROBERT J STRET ADDRESS CITY-ST-ZP TITLE DAVIS, ROBERT J SOBRE PLONEER PROAD WEST-PAILM TEACH, FL 33413  GO S G ROYAL TS (RIX DALLE DR. 88)  83   84   City   FL   85   Zip Code 84   City   FL   85   Zip Code 85   86   City   FL   85   Zip Code 86   City   FL   85   Zip Code 87   City   FL   85   Zip Code 88   Rational Company of Comp	241 33			U			
## STREET ADDRESS CITY-ST-ZP TITE    ACTIVATE     DELETE     DELETE   DELETE     DELETE     DELETE     DELETE     DELETE     DELETE   DELETE     DELETE							
WEST-PAIN BEACH FL 33413  GO SE ROYAL TSLRIC DALE DR.  LAKE Wheth, FL 33463  11. Pursuant to the provision of Sections 607.6902 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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 of the purpose of changing its registered agent, or both, in the State of Florida, Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. And or purposed name of registered agent, or both, in the State of Florida, Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. And or purposed name of registered agent, or both in the statement for the purpose of changing its registered agent. And or purposed name of registered agent, or both in the statement for the purpose of changing its registered agent. In the statement for the purpose of changing its registered of the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the statement for the purpose of changing its registered agent. In the purpose of changing its registered ag	MOR PIONETT POTE						
Bay   City   FL   B5   Zip Code				Sheet Add	iless (F.O. Box Normber is Not Acceptable)		
STREET ADDRESS   CITY-ST-ZP     DELETE   DELET		6056 ROYAL BIRIS	DALE DR.	83			
11. Pursuant to the provisions of Sections 607 1606 and 607 1606. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered organ, or both, in the State Florida. Submit of Change was authoritied by the composition's board of directors. Thereby accept the appointment as registered sign. In the State of Florida. Submit of Section 607 (500, Florida Statutes.)  SIGNATURE  Spriature, hyber of private name of registered agent and title if applicable.  (NOTE Registered Agent signature required when referration)  OATE  12. OFFICERS AND DIRECTORS  TITLE  P  DAVIS, ROBERT J  STREET ADDRESS  OFFICERS AND DIRECTORS  DELETE  1.1 TITLE  DAVIS, ROBERT J  6968-PLONEER HADD GOS/S ROYAL BIRK DALE PR  WEST-PALM BEACH FL 33413 LAKE WORTH, FL 334/3.  STREET ADDRESS  OUTY-ST-ZIP  TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  Change Addition  Addition  AMAE  STREET ADDRESS  OUTY-ST-ZIP  TITLE  DELETE  3.1 TITLE  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  AMAE  STREET ADDRESS  OUTY-ST-ZIP  TITLE  DELETE  5.1 TITLE  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.2 NAME  1.3 STREET ADDRESS  0.1 TITLE  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.2 NAME  1.3 STREET ADDRESS  0.2 CITY-ST-ZIP  TITLE  Change Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.3 TITLE  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.3 TITLE  Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.3 TITLE  Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.3 TITLE  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.3 TITLE  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.3 TITLE  Change Addition  ADDITIONS/CHANGES TO OFFICERS				84 City		85 Zip Code	
SIGNATURE    Signature, hyped or privided name of registered agent and dits it applicable   (NOTE, Registered Agent agreture required when reheating)   DATE	1	•		the above-named corr			
SIGNATURE    Signature, hyped or privided name of registered agent and dits it applicable   (NOTE, Registered Agent agreture required when reheating)   DATE	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, typed of privided gapent and tille it applicabiles (NOTE: Regispated Appent agriculare required when reinstauring)							
DELETE	SIGNATURE			egistered Agent signature requi			
NAME   DAVIS, ROBERT J   G996-RIONEEB_ROAD   G656-R6/AL   B1RK DALe   PK   13 STREET ADDRESS   14 CITY-ST-ZIP   Change   Addition					ADDITIONS/CHANGES TO OFFICERS A		
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CITY-ST-ZIP	NAME			1			
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		positive that the information available with	this filling does not qualify for the		Section 119 07/33(i) Florida Statutos I further	cartify that the information	

4. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1), 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 of the receiver of 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 an attachment with an address.

SIGNATURE:

NUME AND TYPEST OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

9 JAN 98

561 963-4833