DOCUMENT # PUBLIC SUCT 4 1. Corporation Name CARA NURSERIES S.E. INC. Principal Place of Business Mailing Address Double Incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Last Report June 1. Date incorporated or Qualified Sa. Date of Business 1. Date incorporated or Qualified Sa. Date of Business 1. Date incorporated or Qualified Sa. Date of Business 1. Date incorporated or Qualified Sa. Date of Business 1. Date incorporated or Qualified Sa. Date of Business 1. Date incorporated or Qualified Sa. Date of Business 1. Date incorporated or Qualified Sa. Date of Business 1. Date inco	ANNU.	PROFIT PORATION AL REPORT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DMISION OF CORPORATIONS		PALED	1. 0
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Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Sistuies, the above-named corporation submits this statement for the purpose of changing lis registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the populations of, Section 607 0502 and 607 1508. Florids Sistuies, the above-named corporation submits this statement for the purpose of changing lis registered agent. Jet mainliar with, and accept the obligations of, Section 607 0505, Florids Statutes. 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Sistuies, the above-named corporations submits this statement for the purpose of changing lis registered ones of registered agent. Jet mainliar with, and accept the obligations of, Section 607 0505, Florids Statutes, and the submit of the purpose of changing list registered ones of the purpose of changing list registered agent signaluse required when rainstelling). 12. OFFICERS AND DIRECTORS 11 12. 12. OFFICERS AND	Zip 24 ろうかん	٥٤ 26 USA	29 11003 30 U		Florida Statutes X Yes	No
Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-mand corporation submits this statement for the purpose of changing list 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 and the state of Florida Statutes. SIGNATURE Signature, bysed or printed name of registered agent and still of applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1. 12. OFFICERS AND DIRECTORS 1. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1. 13. TITLE 10. OFFICERS AND DIRECTORS 1. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1. 13. TITLE 13. TITLE 10. OFFICERS AND DIRECTORS 1. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1. 14. OFFICERS AND DIRECTORS 1. 15. TITLE 15. TI				81 Name	10. Name and Address of New Reg	Ilstered Agent
TREE HONRESS TO SECTION BOULEVARD TAMPA, FL 33629 TAMPA, FL 36040 TAMPA, FL 36	supp W. Morrigon Aur.			82 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)
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 epipoliment as registered agent lam discretions of Section 607.050, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PACSIDE YT DELETE 1.1TITLE 1.1TITLE 1.1TITLE 1.1SAME 32.09 W. MORRISON AVENUE 1.1STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition 1.1STREET ADDRESS 1				83		<u> </u>
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 lam familiar with, and accept the obligations of, Section 807,0505, Florida Statutes. SIGNATURE Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			***	84 City		FL 85 Zip Code
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SIGNATURE: Jacking Januariolo Fres. 3/13/98 516-285-600	information l that I am an	Indicated on this annual report or su officer or director of the corporation	pplemental annual report is true and or the receiver or trustee empowere	l accurate and that i	my signature shall have the same lega	I effect as if made under oath;
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