SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 P96000050683 (7) DOCUMENT # TALL TREES, INC. Principal Place of Business Mailing Address 2880 SEMINOLE STREET 2880 SEMINOLE STREET **COCONUT GROVE FL 33133** COCONUT GROVE FL 33133 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 05-0683355 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing

## **FILED** Sep 05 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

23		28			Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Country	/	8. This corporation owes or has		
24	25	29	30	<del> </del>	Personal Property Tax due Ju		No
9. Name and Address of Current Registered Agent				1	10. Name and Address of New I	Registered Agent	
OTERO, MULLIN & TOMLIN, P.A.				Name			
75 VALENCIA AVENUE				Street Addr	ess (P.O. Box Number is Not Accept	table)	
SUITE 400							
CORAL GABLES FL 33134							
	<u> </u>		84	City		FL 85 Zip 0	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 appendix on the purpose of changing its registered of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and appendix of the purpose of changing its registered of the corporation of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose							
SIGNATURE Signature, typical or printed name of fegisterical agent and tall. If applicable. [NOTE: Rog stated Agent signature required when reinstating)  [NOTE: Rog stated Agent signature required when reinstating)							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 12
TITLE	DELETE DELETE		1.1 TOTLE			Change	Addition
NAME	2880 SEMINOLE STREET		1.2 NAME				[5
STREET ADDRESS			1.3 STREE	ADDRESS			بال
CITY-ST-ZIP	COCONUT GROVE FL 33133		1.4 CITY-	ST - ZIP			
TITLE	DELETE		2.1 TITLE			L Change	Addition C
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STREET ADDRESS			2.3 STREET	ADDRESS		*	Į.
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				ADDRESS			Ì
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CITY-ST-ZIP TITLE		DELETE	5.4 CITY-5	51 - Z(P		Change	Addition
NAME		Descrit	6.2 NAME			E CHANGE	
STREET ADDRESS				ADDRESS			
			6.4 CITY-5	1			
CITY-ST-ZIP   14.   do hereb	y certify that the information supplied	with this filing does not quali			Lin Section 119.07(3)(i), Florida Statu	ites. 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 13 if changed, or on an attachment with an address.

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