

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

FILED

Sep 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000052427 (7)

1. Corporation Name
NU TURF LAWN & GARDEN CENTER OF MARGATE, INC.



Principal Place of Business 3000 BANKS ROAD STE G-1 MARGATE FL 33063	Mailing Address 2000 BANKS ROAD STE G-1 MARGATE FL 33063-7735
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2. Principal Place of Business 21 1785 N. STATE ROAD 7 Suite, Apt. #, etc.		2a. Mailing Address 26 1785 N. STATE ROAD 7 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/18/1996	3a. Date of Last Report INITIAL
22 City & State 23 MARGATE, FL		27 City & State 28 MARGATE, FL		4. FEI Number 65-0673084	Applied For Not Applicable
24 Zip 33063		25 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 33063		27 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 Zip 33063		29 Country USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SEILER, JOHN P ESQ. 2900 EAST OAKLAND PARK BLVD. STE 200 FORT LAUDERDALE FL 33308				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				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) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHRISTENSEN, HARRY A			1.2 NAME			
STREET ADDRESS	2000 BANKS ROAD STE G-1			1.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL 33063			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BONO, NANCY B			2.2 NAME			
STREET ADDRESS	2000 BANKS ROAD STE G-1			2.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL 33063			2.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BONO, JOHN			3.2 NAME			
STREET ADDRESS	2000 BANKS ROAD STE G-1			3.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL 33063			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BONO, A J			4.2 NAME			
STREET ADDRESS	2000 BANKS ROAD STE G-1			4.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL 33063			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 _____

CR2E034 (9/96)