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

**PROFIT** CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000067929 (5)

PALM BEACH BONSAI GARDEN INC.

Principal Place of Business Mailing Address **826 SUNSET DRIVE B26 SUNSET DRIVE** LAKE WORTH FL 33461-5804 LAKE WORTH FL 33461 3. Date Incorporated or Qualified 3a. Date of Last Report 08/12/1996 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0684765 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name SMITH, RAY A 826 SUNSET DRIVE **B2** Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33461 83 84 City Zip Code 85 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 Signature: typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6)13. □ DELETE 1.1 TITLE Change **Addition** TITLE PROSIDENT RAY A. SMITH 1.2 NAME NAME SUNSET DR. 1.3 STREET ADDRESS STREET ADDRESS LAKE WORTH CITY - \$1 - 20P 1.4 CITY-ST-ZIP DELETE 2 1 TITLE Change Addition THE uke prusident MIKE CARTRETT NAME 2.2 NAME 1230 NO. B. ST. 2.3 STREET ADDRESS STREET ADDRESS Lake Worth 2.4 CITY-ST-2IP CITY - ST - ZIP DELETE 3 1 TITLE Change ☐ Addition THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. City+St-ZiP CITY-SI-ZIP DELETE Change Addition THLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CiTY-ST-ZiP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 

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 copy it 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 true glyphowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 111111

5.4 City-St-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-SI-Z-P

STREET ADDRESS

TITLE

NAME

1-30-97 561-586-1687

☐ Change

Addition

FILED

Feb 06 1997 8:00am

Secretary of State