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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068352 (9)

MILLER'S FANTASTIC FOLIAGE, INC. Principal Place of Business Mailing Address 17278 DOLPHIN ST 17278 DOLPHIN ST SUGARLOAF SHORES FL 33042 SUGARLOAF SHORES FL 33042-3655 3. Date Incorporated or Qualified 3a. Date of Last Report 10/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For same as میان در ح same as about 65-0692924 Not Applicable Suite, Apt. #, etc. Suito, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 24 25 30 Florida Statutes 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MILLER, JOSEPH M Name 17278 DOLPHIN ST 82 Street Address (P.O. Box Number is Not Acceptable) **SUGARLOAF SHORES FL 33042** 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, typed or printed name of registered agent and little if applicable (NOTL_flogistered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TOUE NAME 12 NAME STREET ADDRESS 1,3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST- 2IP Change Addition TITLE 2.110 LE Judith miller NAME 22 NAME +2 ringlod 8 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP Sugarloof Shires, Fla 2.4 CHY-\$1-ZIP TITLE Change Addition 3 1 TITLE 3.2 NAMI NAME STREET ADDRESS 3.3 \$TREET ADDRESS CITY-ST-ZIP 3.4. CHY- ST- ZIP DELETE Change Addition TITLE 4.1 THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-S1-7IP DELETE Change Addition TITLE 5 1 11TLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 MILE NAME 6.2 NAME STREET ADDRESS 6.3 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 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 controllion or the receiver of trustee empowered to execute this report as required by Chapter 607, I forida Statutes; and that my name appears in Block 12 or Block 13 of larged, or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

willer

4/27/97 305 745 3331

FILED

May 12 1997 8:00am

Secretary of State