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

Feb 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P96000072692 (2) MASTER GARDENERS NURSERY AND LANDSCAPING, INCORP THE THE RESIDENCE OF THE PROPERTY OF THE PROPE ORATED note: comp name diange Principal Place of Business 15250 PERSIMMON AVENUE **DELRAY BEACH FL 33446** DELRAY BEACH FL 33446 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/30/1996 4. FEI Number 2. Principal Place of Business Applied For Not Applicable 65-0690762 \$8.75 Additional 5. Certificate of Status Desired П Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees 8. This corporation owes or has paid the current year Intangible 1)SA 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name LIGHTER, GLENDA 19827 DINNER KEY DRIVE 82 **BOCA RATON FL 33498** 83 CINA 84 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 obligation of Gov. 6505, Florida Statutes.

SIGNATURE SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE hter model NAME LIGHTER TODD 19827 DINNER KEY DRIVE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33498** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELFTE TITLE 2.1 TITLE Addition Addition Shter Glerob NAME HIGHTER, GLENDA 2.2 NAME 8195-A Thamso Blul Boxa Eaton, 74.33433 19827 DINNER KEY DRIVE STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP BOOA RATON FL 93498 2. 4 City-St-ZiP Change DELETE TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition

14. I 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 eath; 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4 4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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