## 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 # P96000089380 (5)

THE PLANT WIZARD, INC.

Principal Place of Business

\$295 N SETH AVE HOLLYWOOD FL 33021 Mailing Address

3295 N 36TH AVE HOLLYWOOD FL 33021-134

## FILED May 05 1997 8:00am Secretary of State



2. Principal Plac						3. Date Incorporated	or Qualified	3a. Date	of Last R	'enori
i]						10/28/1996				орон
1]	e of Business	2a. Mailing Ac	idress			4. FEI Number		· · · · · · · · · · · · · · · · · · ·	Aş	oplied For
O 34 - 4 - 4 - 11	<del></del>	26				65-07014	/0		No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status	Desired	\$8.75 Additional Fee Required		
City & State		City & Stat	le			6. Election Campaign	Financing		\$5.00	May Bo
3		28				Trust Fund Contribu	ıtion		Added	
Zip	Country	Zφ	(	Country		8. This corporation ha	s liability for i	njangible ta	ax under s	. 199.032,
<u> </u>	25	29	30			Florida Statutos			No	
	9. Name and Address of Cur	rent Registered Agen	)t			10. Name and Addres	s of New Reg	gistered A	gent	
	, DAVID			81	Name					
	36TH AVE			82	Street A	Address (P.O. Box Number is N	lol Acceptab	le)		
; HOLLY	WOOD FL 33021						10111000,000	,		
				83						
-				84	City				[aa] "=:-:	0-1-
1			•	07	City			FL	<b> 85  </b> Zip (	Code
<ol> <li>Pursuant to I office or rec</li> </ol>	the provisions of Sections 607.0 istered agent, or both, in the St	0502 and 607,1508, Flo	orida Statutes, the	e above	-named	corporation submits this staten	nent for the p	urpose of c	hanging it	s registered
agent. I am	amiliar with, and accept the ob-	digations of, Section 60	37.0505, Florida S	Statutes	ine corp	oration's board of directors, fi	вгеру ассер	t trie appoi	niment as	registerea
	nature, typed or printed name of registered	a jord and the diapple able.	(NOTE: Regis	stered Age	nt signature	required when reinstating)		DATE		
2.	OFFICERS /	AND DIRECTORS	1	13.		ADDITIONS/CHANG	ES TO OFFIC	ERS AND (	DIRECTOR	S IN 12
TLE			DELETE 1	J THLE		P 244			Change	Addition
AME			1	.2 NAME		DAVID BAKER 3295 N. 36 AVE				
TREET ADDRESS			1	.3 STREET	ADDRESS	3295 N. 36 AVE	<b>=</b> ·			
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1		LJ		.1 TALE	1			L	Change	Addition
AME				.2 NAME	İ					
TREET ADDRESS			6	.3 STREET	ADDRESS					
HTY-ST-ZIP	certify that the information supp	P. J. M. T. W.	6	4 CITY- ST	I-ZIP		<u> </u>			