SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997 .



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000090510 (4)

EARTHGROW, INC.

APPROVED AND FILED

1997 AUG 26 PH 1: 00

SECRETARY OF STATE TALLAHASSEE. FLORIDA



Principal Place of Business Mailing Address						r annienet, eine nauen mutt die iet mitt die iet natif fabrit natif fabri natif filter if die gebit 1991 1991 1991				
9861 WEST SAMPLE ROAD #211 9861 WEST SAMPLE ROAD CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 10/31/1996		ate of Last R	eport	7
2. Principal Place of Business		2a. Mailing Address	`			4. FEI Number		Ap	plied For]
21		26			62-0110016			t Applicable	4	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A			
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country		Z ip	ր ՝ <u>├</u> ¬			8. This corporation owes or has pa	•		_ ~	1
24 25 25	29 egistered Agent	d Agent			Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent				4	
ELLISON, EDWARD	······································	Alereien Wheiir		81	Name	10, Hame and Address of New No.	gistoi eu	Main		┨
2968 N.W. 91ST AVENUE				82	Stroot Add	eet Address (P.O. Box Number is Not Acceptable)				4
CORAL SPRINGS F			83	oli bet Addi	1000 (1.0. Box Number 10 Not Acceptad				$\frac{1}{1}$	
										_
				84	City		FL	_ 85 Zip (Code	
	r both, in the State of F	lorida. Such change wa	as authorized	l by	the corporal	poration submits this statement for the place tion's board of directors. I hereby accept				1
SIGNATURE	o docopi the obligation	18 01, COO(1011 001 10000)	T KOTICIO OTAT	0101	<i>,</i> .					
Signature, typed or printe	ed name of registered agent an			Age	ent signature requi	red when reinstating)	DATE			ر إ
12.	OFFICERS AND DI	RECTORS DELETE	13.	1.5		ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTOR Change	S IN 12	- 2
NAME ELLISON, ED	WARD		1,2 NA			1000022	79			
STREET ADDRESS 2968 N.W. 91				1.3 STREET ADDRESS		1 0 0 0 0 2 2 -08/27/3 ****169	970	1112C	J12 ~	8
CITY-ST-ZIP CORAL SPRIN	NGS FL 33065		1.4 CI	ry-s	T-ZIP	****165	5.00	****16	5.00	Š
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CITY-ST- RECAUSE	2 /2 /00.	-	4.4 CI		I-ZIP					
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CITY-ST-ZIP				6.3 STREET ADDRES				q	٥١ °	
			5.5 OF						-	

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.