## 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 # P96000090738 (1)

C & T PLANTS, INC.

Principal Place of Business	Mailing Address			
18995 S.W. 256TH STREET	18995 S.W. 258TH \$TI			

## FILED Apr 18 1997 8:00am Secretary of State



HOMESTEAD FL 33031		HOMESTEAD FL 33031-1748							
o co <del>rdin</del> e con						3. Date Incorporated or Qualified 11/01/1996	3a. Date of Last	Report	
2. Principal Pl	. Principal Place of Business 2a. Mailing Address			4. FEI Number		Applied For			
21	26			65-0702472		Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc						5. Certificate of Status Desired		Additional Required	
22 City & State		City & State		C Clastica Compaign Figureian	<del></del>				
23	,	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Co	Country		8. This corporation has liability for it			
24	25	29	30				Yes 🛂 No		
	9. Name and Address of Current	l Registered Agent		Ţ <u>.</u>		10. Name and Address of New Reg	ılstered Agent		
BOT	EK, VINCENT M			81	Name				
	05 S.W. 256TH STREET			<b>82</b> S		dress (P.O. Box Number is Not Acceptab	le)		
HOM	MESTEAD FL 33031								
		,		83					
•				84	City		85 Zi	p Code	
0	40-4007.010	2 d CO2 4500 Florido Ctot.	don the c	l l		reportion authorite this statement for the p	FL	a ita ragistarad	
office of fi	egistered agent, or both, in the State  or temiliar with, and accept the obliga	of Florida Such change was alions of Section 607 0505. F	authoriza Iorida Sta	ed by	the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	t the appointment	as registered	
SIGNATURE									
12,	Signature, typed or printed name of registered age: OFFICERS AND		I Register		ert signature req	uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO	ORS IN 12	
TITLE	PD	DELETE		HTLE		NODITIONOJO III GREGI TO GITTO	☐ Change		
NAME	BOTEK, VINCENT M			NAME			5		
STREET ADDRESS	18995 S.W. 256TH STREET				ADDRESS			İ	
CITY-ST-ZIP	HOMESTEAD FL 33031			1.4 City-St-ZiP					
TITLE	Tromportation 1 C Goods	DELETE		21 TIPLE			☐ Change	e 🔲 Addition	
NAME			221	NAME	1				
STREET ADDRESS			235	STREET	ADDRESS				
CITY-ST-ZIP			2.4		ST-ZIP				
TITLE			IIILE			☐ Chang	e 🗌 Addition		
NAME			3.21	NAME.			$\sim$	,	
STREET ADDRESS			3.3 9	\$TREE1	ADDRESS		10	ELL CHY	
CITY-ST-ZIP					ST-ZIP			171100	
TITLE		☐ DELETE		TITLE			L. Cherfg	e Addition	
NAME			4. 2	NAME				•	
STREET ADDRESS			4.3 5	STREE 1	ADORESS				
CITY-ST-ZIP				C(1Y - S	S1-2(P		Chang	e Addition	
TITLE		DELETE	4	IIILE			<u>г</u> спану	e [] Addition	
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-\$T-ZIP		☐ DELETE		CHY-S TITLE	51-Z(P		Chann	e Addition	
TITLE			ľ			10000215	.D641 <sup>m</sup>	o Li Auditoli	
NAME				NAME	L ADDDCCO	10000215 -04/22/97010/	<del>19059</del>	ļ	
STREET ADDRESS					ADDRESS	***165.80		į	
CITY-ST-ZIP	and the state of t	d all this filling along and a sec	6.4	CITY-S		ad in Section 110.07/2)(i) Florida Statuta	a. I further earlify th	ol the	

I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Find the 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 50 if changed, or on an attachment with an address