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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9700000334 (7)
GIFFORD NURSERY, INC.

FILED May 12 1997 8:00am Secretary of State

Daytime Phone # 0001894

Principal Prac 3911 NW 97TH HOLLYWOOD F		Mailing Address 3911 NW 97TH AVE HOLLYWOOD FL 33024-802			
<u> </u> 				3. Date Incorporated or Qualified 3a. 12/27/1996	Date of Last Report
2, Principal F	DO Stirling Rd	2a, Mailing Address 26		4. FEI Number 105-0742103	Applied For Not Applicable
Suite, Apt	#, etc.	Suito, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 F7	"Lauderda le	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
^{Ζιρ} 33:	30/ 25 County SA	71p	Country 30	8. This corporation has liability for intangli Florida Statutes Yes	No
}	9. Name and Address of Curr	ent Registered Agent	81 Name	10, Name and Address of New Registers	o Agent
	ILKIN, JOEL M		81 Name	R Amberson	
4627 PONCE DE LEON BLVD SECOND FLOOR			62 Street Add	less (P.O. By Number is Not Acceptable)	
COR	RAL GABLES FL 33148		93		
· 			84 City	/hulood F	L 85 33504
11. Pursuant	to the provisions of Sections 607.0	602 and 607,1508, Florida Statut	les, the above-named corp	peration submits this statement for the purpose	of changing its registered
agent La	registered agent, or both, in the Sta am familiac with, and accept the ob-	ligations of Section 607 0505 F	authorized-by the contona	ion's board of directors. I hereby accept the a	ppolitimancas registered
SIGNATURE	JR Andecon				130/91
<u> </u>	Signature rypical or plinted name of registered	agent and title it of plicable. (NOT AND DIRECTORS	E: Registered Agent signature requi		NO DIDECTORS IN 12
12.	DP	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	GIFFORD, ROBERT		1.2 NAME		
STREET ADDRESS	3911 NW 97TH AVE		1.3 STREET ADDRESS		}
CHTY-ST-ZIP	HOLLYWOOD FL 33024		1.4 CITY - ST - 7IP		
THEF		DELETE	21 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		į
STREET ADDRESS	(2.3 STREET ADDRESS		{
CITY - S1 - 7IP			2. 4 CITY-ST-ZIP		·
TaTLF		DELETE	31 TITLE		Change Addition
NAME	\		3.2 NAME		ł
STREET ADDRESS			3.3 STREET ADDRESS		ļ
City - St - 7iP Title		DELETE	3.4. CITY-\$T-ZIP 4.1 TITLE		Change Addition
NAME	1		4 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		,
C-TY - ST - ZIP	}		4.4 CITY-ST-ZIP		
Tille		☐ DELETE	5.1 Title	······································	Change Addition
NAME	1		5.2 NAME		
STREET ADDRESS					
			5.3 STREET ADDRESS		
CITY - S7 - 7IP					
CITY - ST - 7IP		☐ DELETE	5.3 STREET ADDRESS		Change Addition
		☐ DELETE	5.3 STREET ADDRESS 5.4 CITY+ST-ZIP		Change Addition

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 eath; that I am an officer or director of the comparation or the receiver or instead empowered to provide this report as required by Chapter 607, Florida Statutes; and that my name