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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000022326 (7)

CENTRAL AMERICAN FERN SALES, INC.

FILED Mar 09 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address | | | | | | | L (Anisher sie lätti teets entri detti anni anite tittik t | 1000 11110 111 | /16 dill (60) | |
|--|--|--|-------------------------|----------------------|-------------------------|------------------------|--|----------------------------|-------------------------|--|
| 200 EAST ROBINSON STREET. SUITE 500 200 EAST ROBINSON STR ORLANDO FL 32801 ORLANDO FL 32801 | | | | | ITE S | 500 | | | | |
| | | | | | | | DO NOT WRITE IN THIS SE | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | | 3. Date Incorporated or Qualified | | | |
| | | | | | | | 03/12/1997 | | | |
| 2 Principal Pi | lace of Business | 2a. Mailing A | ddress | | | | A FEI Number | I A | pplied For | |
| 21 | 26 | | | | | | 59-3432634 | _ ' | ot Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt | . #, etc. | | | | | | Additional | |
| 27 | | | | | | | 5. Certificate of Status Desired | Fee R | equired | |
| City & State City & State | | | | | | | 6. Election Campaign Financing | \$5.00 May Be | | |
| 23 | | 26 | 26 | | | | Trust Fund Contribution | | | |
| Zip | Country | Zip | Zip Country | | | | 8. This corporation owes or has paid the current year Intancible | | | |
| 24 | 25 29 | | | 30 | | | | | No | |
| | 9, Name and Address of Curr | ent Registered Age | nt | | 1 | | 10. Name and Address of New Registered A | jent | | |
| FLO | PRIDA CORPORATE SUPPORT | , INC. | | | 81 | Name | 1 | | | |
| | EAST ROBINSON STREET, S | | | | 82 | Street | Address (P.O. Box Number is Not Acceptable) | | | |
| ORLANDO FL 32801 | | | | | | | | | | |
| | | | | | 83 | | | | | |
| | | | | | 64 | City | | 85 Zip | Code | |
| | | | | | | • | d corporation submits this statement for the purpose of c | 1 ' | | |
| SIGNATURE | m familiar with, and accept the obl | | | | | | rporation's board of directors. I hereby accept the appoint representation of the appointment of the appoint | | | |
| 12. | | ND DIRECTORS | · · · · · | 13. | - rago | waigi latore | ADDITIONS/CHANGES TO OFFICERS AND I | DIRECTOR | AS IN 12 | |
| TITLE | 0 | | DELETE | 1.1 TI | TLE | | | Z Change | RS IN 12 | |
| NAME | GRIFFIN, RODNEY T SR. | | | 1.2 N/ | AME | ļ | 1.10 | | | |
| STREET ADDRESS | 200 EAST ROBINSON STRE | ET. SUITE 500 | | 1.3 \$1 | REET | ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO FL 32801 | , | | 1.4 CI | TY-SI | f-ZIP | | | | |
| TITLE | D | | DELETE | 2.1 TI | | | V/D | Change | Addition | |
| NAME | GRIFFIN, ANN | | | 2.2 N/ | ME | | 110 | | | |
| STREET ADDRESS | 200 EAST ROBINSON STRE | ET. SUITE 500 | | 2351 | REET | ADDRESS | e " " "Hage" | | | |
| CITY-ST-ZIP | ORLANDO FL 32801 | | | 2.40 | ITY-S | T-ZIP | d/T | | | |
| TITLE | | | DELETE | 3.1 TI | TLE | | Sherrustingman | Change | Addition X | |
| NAME | | | | 3.2 N | ME | | and Cont O-his assistant | 74 e 7 | SULLA | |
| STREET ADDRESS | | | | 3.3 ST | REET. | ADDRESS | TOU COST KODINGON SIL | 201 | Junea | |
| CITY-ST-ZIP | | | | 3.4. C | ITY-S | T-ZiP | SherryGHINDMAN 200 East Robinson STI Orlando, FI 32801 | | | |
| TITLE | | | DELETE | 4.1 TI | TLE | | | Change | Addition | |
| NAME | | | | 4.2 N | AME | | | | | |
| STREET ADDRESS | | | | 4.3 ST | REET. | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 4.4 CI | TY-\$1 | T-ZIP | | _ | | |
| TITLE | | | DELETE | 5.1 TI | TLE | | | Change | Addition | |
| NAME | | | | 5.2 N | AME | | | | | |
| STREET ADDRESS | | | | 5.3 S | REET | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 5.4 C | TY - \$1 | T- ZIP | | | | |
| TITLE | | | DELETÉ | 6.1 Ti | TLE | | | Change | Addition | |
| NAME | | | | 6.2 N | AME | | | | | |
| STREET ADDRESS | - | | | 6.3 S | TREET | ADDRESS | | | | |
| CITY-ST-7IP | \mathcal{L} | • | | 6.4 C | TY-\$1 | T-ZIP | | | | |
| 14. I hereby o | ertify that the internation supplied | with this filing does | not qualify f | or the px | empl | tion state | ted in Section 119.07(3)(i), Florida Statutes. I further cert | ify that the | a Information | |
| indicated officer or | on this annual report or supplement director of the corporation of the re | ntal annual repod is t eceiver or truster, em | r∪e and ao powered o | curate an execute | d tha I <u>his</u> r | at my sig report as | ted in Section 119.07(3)(i), Florida Statutes. I further cert ignature shall have the same legal effect as if made und as required by Chapter 607, Florida Statutes; and that m | ər oath; th y name ar | at I am an opears in | |