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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

012190 - 20000 - 42

DOCUMENT # P97000042605

1. Corporation Name

PLANT VENDING, INC.

Principal Place of Business Mailing Address

5970 S.W. 18th Street **5970 S.W. 18th Street**
Boca Raton, FL 33433 **Boca Raton, FL 33433**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **May 9, 1997**

4. FEI Number: **65-0796539** Applies For: Not Applicable

5. Certificate of Status Desired: **\$5.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent

Frank Cid
5970 S.W. 18th Street
Boca Raton, FL 33433

10. Name and Address of New Registered Agent

81. Name: _____
 82. Street Address (P.O. Box Number is Not Acceptable): _____
 83. _____
 84. City: _____ FL 85. Zip Code: _____

11. Pursuant to the provisions of Sections 607.2602 and 607.2609, Florida Statutes, the above-named corporation certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0305, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADD	DELETE	Change	Addition
12.1 TITLE: P, D, S, T	<input type="checkbox"/>	13.1 TITLE: _____	<input type="checkbox"/>
12.2 NAME: Frank Cid	<input type="checkbox"/>	13.2 NAME: _____	<input type="checkbox"/>
12.3 STREET ADDRESS: 6861 S.W. 18th Street	<input type="checkbox"/>	13.3 STREET ADDRESS: _____	<input type="checkbox"/>
12.4 CITY-STATE-ZIP: Boca Raton, FL 33433	<input type="checkbox"/>	13.4 CITY-STATE-ZIP: _____	<input type="checkbox"/>
12.5 TITLE: _____	<input type="checkbox"/>	13.5 TITLE: _____	<input type="checkbox"/>
12.6 NAME: _____	<input type="checkbox"/>	13.6 NAME: _____	<input type="checkbox"/>
12.7 STREET ADDRESS: _____	<input type="checkbox"/>	13.7 STREET ADDRESS: _____	<input type="checkbox"/>
12.8 CITY-STATE-ZIP: _____	<input type="checkbox"/>	13.8 CITY-STATE-ZIP: _____	<input type="checkbox"/>
12.9 TITLE: _____	<input type="checkbox"/>	13.9 TITLE: _____	<input type="checkbox"/>
12.10 NAME: _____	<input type="checkbox"/>	13.10 NAME: _____	<input type="checkbox"/>
12.11 STREET ADDRESS: _____	<input type="checkbox"/>	13.11 STREET ADDRESS: _____	<input type="checkbox"/>
12.12 CITY-STATE-ZIP: _____	<input type="checkbox"/>	13.12 CITY-STATE-ZIP: _____	<input type="checkbox"/>
12.13 TITLE: _____	<input type="checkbox"/>	13.13 TITLE: _____	<input type="checkbox"/>
12.14 NAME: _____	<input type="checkbox"/>	13.14 NAME: _____	<input type="checkbox"/>
12.15 STREET ADDRESS: _____	<input type="checkbox"/>	13.15 STREET ADDRESS: _____	<input type="checkbox"/>
12.16 CITY-STATE-ZIP: _____	<input type="checkbox"/>	13.16 CITY-STATE-ZIP: _____	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(2)(b) Florida Statutes. I further certify that the information indicated on this annual report or supplements, 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 Subch 12 or Subch 13 if changed, or on an attachment with an address, with all other filed employees.

SIGNATURE: **[Signature]** DATE: **9/14/99** TELEPHONE: **1-800-517-3449**

CR2E034 (1/98)