


FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90046 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000009891 1. Corporation Name NATHAN WILLIAMS EXOTIC PLANT CARE, INC.		

Principal Place of Business 201 HARBOR CITY PKWY. #F313 INDIAN HARBOR BEACH FL 32937	Mailing Address 201 HARBOR CITY PKWY. #F313 INDIAN HARBOR BEACH FL 32937
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 121 FRANKLYN AVENUE Suite, Apt. #, etc. UNIT W 22 City & State INDIANANTIC Florida 23 Zip 32903 Country		2a. Mailing Address 26 121 FRANKLYN AVENUE Suite, Apt. #, etc. UNIT W 27 City & State INDIANANTIC Florida 28 Zip 32903 Country		3. Date Incorporated or Qualified 01/29/1998	
4. FEI Number 59-3489784		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$8.75 Additional Fee Required		8. \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent WILLIAMS, NATHAN L 201 HARBOR CITY PKWY, #F313 INDIAN HARBOR BEACH FL 32937		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 121 FRANKLYN AVENUE 83 UNIT W 84 City INDIANANTIC FL 85 Zip Code 32903	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME WILLIAMS, NATHAN L	1.1 TITLE	1.2 NAME
STREET ADDRESS 201 HARBOR CITY PKWY, #F313	CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: X NATHAN WILLIAMS 4/8/99 407-676-1543
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 NATHAN L. WILLIAMS

CR2E034 (1/98)