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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000068003

1. Corpora ion Name

BONSAI POTENSAI EMPORIUM, INC.

Principal Place of Business	Mailing Address					
2700 W. CYPRES CREEK RD., SUITE C-108	2700 W. CYPRES CREE		08		1	
FT. LAUDERDALE FL 33309	FT. LAUDERDALE FL 33309			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 07/30/1998		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 55/4 S.W. 7Th PLA	CE 26 SAM	C.			Not Applicable	
Suite, Act. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be	
23 MARGATE FL	28			Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country		8. This corporation owes the current year	<u> </u>	
24 33068 25 USA	29	30		Personal Property Tax.		
9. Name and Address of Cur	rent Registered Agent	81		10. Name and Address of New Registe	rea Agent	
CARLTON, BLAKE ESQ.		[81]	Name	AMES L. SOULE	ESQ	
1215 SE 2ND AVE., SUITE 201		82		(P.O. Bo:: Number is Not Acceptable)	PARK BLUD.	
F1. LAUDERDALE FL 33316		83		VITE 100		
		84	City FT L	AUDERDALE	FL 85 Zip Code 33319	
11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Stagent. I am familiar with, and a cept the ob	ate of Florida. Such change wa	s authorized by t	the corporation's	tion submits this statement for the purpose board of directors. I hereby accept the a	e of changing its registered prointment as registered	
SIGNATURE Ann 7 h	,	AMES L		E . E.S.Q.	4/13/95_	

its egistered registered 25 (NOTE: Registered Agent signature required when reinstating nature, typed or printed n. me of registered agen and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AN DIRECTORS 13. 12. ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE GREENBERG, MERVYN 1.2 NAME NAME 5514 SW 7TH PLACE 1.3 STREET ADDRESS STREET ADDR :SS MARGATE FL 33068 14 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE HARVEY, MICHAEL J 2.2 NAME NAME 4101 SW 53RD AVE. 2.3 STREET ADDRESS STREET ADDR :SS DAVIE FL 33314 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ BELETE Change ☐ Addition 31 TITLE TITLE GELLER, EMANUEL 32 NAME NAME 10531 NW 4TH ST. 3 3 STREET ADDRESS STREET ADDR 3SS PLANTATION FL 33324 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I here by certify that the information supplied with this filing does not qualify or 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 arm 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 addresse, with all other like empowered.

SIGNATURE

FIC IR OR DIRECTOR

CR2E034 (11/98)