

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
.1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 MAY -1 PM 6:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S34656 (6)

1. Corporation Name

SUNNY'S PLANTS, INC.

Principal Place of Business

**17800 S.W. 268TH STREET
HOMESTEAD FL 33001**

Mailing Address

**17800 S.W. 268TH STREET
HOMESTEAD FL 33001**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1991

3a. Date of Last Report

06/07/1994

4. FEI Number

65-0256286

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BRENNAN, DENNIS K.
17800 S.W. 268TH ST.
HOMESTEAD FL 33001**

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 607.0502 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

Signature: Typed or printed name of registered agent and the filer (applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTC
NAME	HEW, DAVID BRIAN
STREET ADDRESS	17850 S.W. 268 STREET
CITY- ST- ZIP	HOMESTEAD FL
TITLE	S
NAME	HEW, PETER
STREET ADDRESS	8485 S.W. 141 STREET
CITY- ST- ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	100001485671
1.3 STREET ADDRESS	-05/12/95--01042--023
1.4 CITY- ST- ZIP	*****200.00 *****200.00
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	100001485671
2.3 STREET ADDRESS	-05/12/95--01042--024
2.4 CITY- ST- ZIP	*****26.25 *****8.75
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information reported 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95

3052453226