
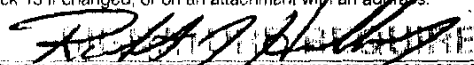


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # S68603 (7) 1. Corporation Name PLANT STOP & SHOP, INC.											
Principal Place of Business P.O. BOX 490-303 KEY BISCAYNE FL 33149			Mailing Address P.O. BOX 490-303 KEY BISCAYNE FL 33149-0303								
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/25/1991 3a. Date of Last Report 04/05/1996 4. FEI Number 65-0303920 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							
9. Name and Address of Current Registered Agent HINCKLEY, ROBERT J 155 SUNRISE DR., APT. 2A KEY BISCAYNE FL 33149			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____											
12. OFFICERS AND DIRECTORS TITLE P HINCKLEY, ROBERT J NAME HINCKLEY, ROBERT J STREET ADDRESS 155 SUNRISE DR., UNIT 2A CITY-ST-ZIP KEY BISCAYNE FL 33149 [] DELETE TITLE [] DELETE NAME [] DELETE STREET ADDRESS [] DELETE CITY-ST-ZIP [] DELETE TITLE [] DELETE NAME [] DELETE STREET ADDRESS [] DELETE CITY-ST-ZIP [] DELETE TITLE [] DELETE NAME [] DELETE STREET ADDRESS [] DELETE CITY-ST-ZIP [] DELETE						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE [] Change [] Addition 1.2 NAME [] Change [] Addition 1.3 STREET ADDRESS [] Change [] Addition 1.4 CITY-ST-ZIP [] Change [] Addition 2.1 TITLE [] Change [] Addition 2.2 NAME [] Change [] Addition 2.3 STREET ADDRESS [] Change [] Addition 2.4 CITY-ST-ZIP [] Change [] Addition 3.1 TITLE [] Change [] Addition 3.2 NAME [] Change [] Addition 3.3 STREET ADDRESS [] Change [] Addition 3.4 CITY-ST-ZIP [] Change [] Addition 4.1 TITLE [] Change [] Addition 4.2 NAME [] Change [] Addition 4.3 STREET ADDRESS [] Change [] Addition 4.4 CITY-ST-ZIP [] Change [] Addition 5.1 TITLE [] Change [] Addition 5.2 NAME [] Change [] Addition 5.3 STREET ADDRESS [] Change [] Addition 5.4 CITY-ST-ZIP [] Change [] Addition 6.1 TITLE [] Change [] Addition 6.2 NAME [] Change [] Addition 6.3 STREET ADDRESS [] Change [] Addition 6.4 CITY-ST-ZIP [] Change [] Addition					
14. I do 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.											
SIGNATURE:  Robert J. Hinckley April 23, 97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 305-285-4339 0206306											

CR2E034 (9/96)