


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

FILED

Apr 22 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Corporation Name: <b>Byrnes Horticultural Services, Inc.</b>			
Principal Place of Business <b>3812 N.W. 71 Dr.</b> <b>Coral Springs, FL 33065</b>		Mailing Address	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
25		30	
<b>9. Name and Address of Current Registered Agent</b> <b>Marikay Byrnes</b> <b>3812 NW 71 Dr</b> <b>Coral Springs, FL 33065</b>		<b>10. Name and Address of New Registered Agent</b>	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		<b>FL</b>	
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: <i>Marikay Byrnes</i>		DATE: <b>4/16/97</b>	
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
11 TITLE <input type="checkbox"/> DELETE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME <b>P/T William Byrnes</b> 13 STREET ADDRESS <b>3812 NW 71 Dr</b> 14 CITY-ST-ZIP <b>Coral Springs, FL 33065</b>	
21 TITLE <input type="checkbox"/> DELETE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME <b>V/S Marikay Byrnes</b> 23 STREET ADDRESS <b>3812 NW 71 Dr</b> 24 CITY-ST-ZIP <b>Coral Springs, FL 33065</b>	
31 TITLE <input type="checkbox"/> DELETE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
41 TITLE <input type="checkbox"/> DELETE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
51 TITLE <input type="checkbox"/> DELETE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
61 TITLE <input type="checkbox"/> DELETE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	
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: <i>Marikay Byrnes, Vice President</i>		DATE: <b>4/16/97</b>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE: <b>954-346-9426</b>	

CR2E034 (9/96)