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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S68854

(6)

Principal Place of Business	Mailing Address
3812 N.W. 71 DR. CORAL SPRINGS FL 33065 US	3812 N.W. 71 DR. CORAL SPRINGS FL 33065 US
2. Principal Place of Business	2a. Mailing Address

FILED Feb 25 1998 8:00am Secretary of State

BYRNES HORTICULTURAL SERVICES, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1991 4. FEI Numbe Applied For Not Applicable 21 65-0285165 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Country Zφ This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. X Yes □ No 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 61 BYRNES, MARIKAY 3812 NW 71ST DR 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33065** 83 84 City 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 pooled name of regelered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 1000 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1 1 Till Addition NAME BYRNES, MARIKAY 1.2 NAME CRZEG34 3812 NW 71ST DR STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** 14 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE PΤ 2.1 TITLE BYRNES, WILLIAM NAME 2.2 NAME STREET ADDRESS 3812 NW 71ST DR 2 3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TOTLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE Change Addition TITLE 5 1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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.

alialax 2200 Marikau Burnes