

**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 APR 28 PM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S70142 (2)**  
1. Corporation Name  
~~D & S GREEN GARDEN INC.~~ *Green Garden Organics, Inc.*

Principal Place of Business Mailing Address  
**3120 MATILDA STREET** **3120 MATILDA STREET**  
**COCONUT GROVE FL 33133** **COCONUT GROVE FL 33133**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/29/1991</b>	3a. Date of Last Report <b>02/04/1994</b>
21		26		4. FEI Number <b>65-0267018</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	6. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DUNCANSON, LOUIS J.</b> <b>3120 MATILDA STREET</b> <b>COCONUT GROVE FL 33133</b>				B1 Name	<b>F. PHILIP BLANK</b>		
				B2 Street Address (P.O. Box Number is Not Acceptable)	<b>200 S. MONROE ST</b>		
				B3			
				B4 City	<b>FL</b>	B5 Zip Code	<b>32301</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, Florida Statutes, the above-named corporation submits this document for the purpose of changing its registered officer 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 understand the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of current or former registered agent and the corporation (if it is a corporation) and the signature of the registered agent.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNCANSON, LOUIS J.</b>	1.2 NAME	<b>P. Same</b>
STREET ADDRESS	<b>3120 MATILDA STREET</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>COCONUT GROVE FL</b>	1.4 CITY- ST- ZIP	
TITLE	<b>VS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADLER CHANNA</b>	2.2 NAME	<b>ESTOCK KIM</b>
STREET ADDRESS	<b>3120 MATILDA STREET</b>	2.3 STREET ADDRESS	<b>3120 matilda street</b>
CITY- ST- ZIP	<b>COCONUT GROVE FL</b>	2.4 CITY- ST- ZIP	<b>Coconut Grove FL</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>900001471783</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>-05/02/95--01150--024</b>
CITY- ST- ZIP		3.4 CITY- ST- ZIP	<b>****200.00 ****200.00</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	<b>CH</b>

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information furnished 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 owner or transferee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment, with an address.

SIGNATURE: \_\_\_\_\_ DATE: **3-30-95** (305) 444-9830  
*Kim Estock*  
BUT NAME MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**3-30-95**