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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

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Apr 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S79650**

(5)

Principal Place of Business Mailing Address 1110 PINE ISLAND RD SUITE 3 CAPE CORAL FL 33909-2187 COREVER GREEN SILK ART PLANTS OF FLORIDA, INC. Mailing Address Halling Address Suite 3 CAPE CORAL FL 33909-2187													
UNITE VOINE	. FL 93000-210	, r	ONFE OC	MINE E \$0303-E	107				3. Date Incorporated or Qua		a. Date of La		port
	5								09/11/1991		05/01/199		
2. Principal Place of Business			2a. Mailing Address						4. FEI Number 65-0283521		}-	+-'-'	lied For
Sulte, Apt. #, etc.			Suite. Apt. #, etc.						0070200021		\$R 7		Applicable dditional
22			27						5. Certificate of Status Desire	ed LJ			aditional Juired
City & St	ate			City & State					6. Election Campaign Finance	ing	\$5.	00 N	May Be
23			28						Trust Fund Contribution		Add	ied to	Fees
Zip		Country	Zip	r- ı `ı			1		8. This corporation has liabili	ly for intan	gible tax und	er s.	199.032,
24	0 Name	25 e and Address of Currer	[29]	Agent	30	1			Florida Statutes 10, Name and Address of No.		s (1) No		
SN.	IYDER, DAVI	· · · · · · · · · · · · · · · · · · ·	i ilogiateico	ngont		81	Na	me	10, realite tilla Addices of the	on riogist	Tou Agoin		
	10 PINE ISL					82							
SUITE 3							Sir	eet Addre	ess (P.O. Box Number is Not Acc	eptable)			
CAPE CORAL FL 33909													
						84	Cit				85	Zip C	ode
			ar razam	22 mail 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				•			┝┋	•	
11. Pursual office o	nt to the provi ir registered a	isions of Sections 607.050 igent, or both, in the State	of Florida, St	08, Florida Stati Jeh change was	ules, 1ho Eauthor	e above ized by	o-nar / the	ned corp corporati	oration submits this statement fo ion's board of directors. I hereby	r the purpo accept the	ise of changi appointmen	ng its it as r	registered egistered
ag ent. I	l am familiar v	with, and accept the obliga-	ations of, Sec	tion 607.0505, F	lorida S	Statutes	š.						
SIGNATURE	E	ed or printed name of registered age	nt and title it apoli	oshle (NC	ilt. Hegisi	tered Apc	nt sio	sature require	ed whice reinstaling)				
12.		OFFICERS AN				13.			ADDITIONS/CHANGES TO			1OR	3 IN 12
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informa	ition indicated	I on this annual report or s	upplementa!	annual report is	true an	id accu	ırale	and that	my signature shall have the sam t as required by Chapter 607, Fig	e legal offe	ct as if made	unde	er oath; that

SIGNATURE, X/ALLSO NASILLADE ODALISI SAVAJEA 4-4-57 941-458-1900