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PROFIT CORPORATION



Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

FILED Jan 28 1998 8:00am Secretary of State

 Corporation 	n Name	# 2802		(3)							
PLANT EXPERTS, INC.											
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Brissinal Blass	o of Punisses		Mailine A	ridence				<u>-</u>			
Principal Place of Business Mailing Address											
1813 WOOD HAVEN DRIVE											
US WEST PALM BEACH FL 33416								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified			
								09/13/1991			1
2. Principal Pl	lace of Busin	ness	2a. Mailing	2a. Mailing Address				4. FEI Number		Ar	pplied For
21			26	26				65-2597727	,		t Applicable
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.					M	\$8.75	Additional
22			27	27				5. Certificate of Status Desired	E.J	Fee Re	equired
City & State			City &	City & State				6. Election Campaign Financing		\$5.00	May Be
23			28	28				Trust Fund Contribution Added to Fees			
Zip	_	Country	Zip		Cou	ntry		8. This corporation owes or has	paid the curr	rent year Int	angible
24		25	29		30	_		Personal Property Tax due Ju	ne 30. 🔃	Yes [No
	g. Name	and Address of Cur	rent Registered A	gent				10. Name and Address of New I	Registered /	Agent	
MA	HMOOD, A	anwar				81 Nam	е				1
181	13 WOOD	HAVEN DRIVE			ł	82 Stree	t Addre	ess (P.O. Box Number is Not Accept	able)		
WE	ST PALM I	BEACH FL 33406			į	_ 0	_			-	
						83					
					ļ	84 City				05 7:n (Code
						City			FL	85 Zip (Code
11. Pursuant	to the provis	sions of Sections 607.0	0502 and 607.1508	, Florida Stat	utes, the at	ove-name	d corpo	pration submits this statement for the	purpose of	changing it	s registered
office or re	egistered ag m familiar w	gent, or both, in the St	ate of Florida. Such bligations of Sectio	n change wa: n 607.0505. i	s authorized Florida Stati	i by the co utes.	orporatio	oration submits this statement for the on's board of directors. I hereby acc	ept the appo	ointment as	registered
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SIGNATURE	Signature typed	or printed name of registered	sgent and title If applicab		OTE: Registered	Agent signat	re requires	d when reinstaling)	1/20/9	18	
12.				te. (N	OTE: Registered	Agent signati	require:	d when reinstaling) ADDITIONS/CHANGES TO OFF	DATE		
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12.	PD ANWAR	OFFICERS	Sent and title II applicate AND DIRECTORS	te. (N	13.	LE	re requires		DATE FICERS AND		
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I melecy centry that the information supplied with this ming coes not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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: