## 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 #

D & S FOLIAGE, INC.

## **FILED** Mar 26 1998 8:00am Secretary of State

Principal Place of Business  2780 SW 187 AVE HOMESTEAD FL 30000 US  1900 SW 312 ST HOMESTEAD FL 30000 US  2. Principal Place of Business  2. Mailing Address  3. Dato Incorporated or Qualified  06/05/1/992  2. Principal Place of Business  2. Mailing Address  3. Dato Incorporated or Qualified  06/05/1/992  4. FEI Number  5. Certificate of Status Desired  Applied For Fee Required  5. Certificate of Status Desired  6. Election Campaign Financing  7. Tusi Fund Contribution  Added to Fees  2. Principal Place of Business  2. Principal Place of Business  2. Election Campaign Financing  5. Of May Be Tusi Fund Contribution  Added to Fees  3. Name and Address of Current Registered Agent  4. FEI Number  5. Country  2. Principal Place of Status Desired  5. Certificate of Status Desired  6. Election Campaign Financing  7. In Status Desired  7. In Status Desired  7. In Status Desired  8. This corporation where the Market Desired Agent  8. This corporation where the Market Desired Agent  9. Name and Address of New Registered  9. Name and Address of New Registered  9. Name a
HOMESTEAD FL 30300 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/05/1992  2. Principal Place of Business  2a. Mailing Address 4. FEI Number 5. Conflictate of Status Desired 5. Election Campaign Financing 7. Fee Required 7. Trust Fund Contribution 7. Additional Personal Property Tax due June 30. 7. Summe and Address of Current Registered Agent 7. See New Fundament of 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 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 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 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 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 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 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 office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of director
US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 06/05/1992  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0337461  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country
3. Date Incorporated or Qualified Ob/05/1992  2. Principal Place of Business  2a. Mailing Address  4. FEI Number  65-0337461  Suite, Apt. #, etc.  Suite, Ap
2a. Mailing Address
28   Suite, Apt. #, etc.   Since   Status Desired   Status Desi
Suite, Apt. #, etc.    Suite, Apt. #, etc.
Secretificate of Status Desired   Fee Required
City & State    City & State   City
Zip   Country   Zip   Country   2.
Zip
9. Name and Address of Current Registered Agent  ADAIR, PERRY 9. BENDER BENDER CHANDLER & ADAIR 432 N WASHINGTON AVE HOMESTEAD FL 33030  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Socion 607 0505, Fiorida Statutes.  SIGNATURE  SIGNATURE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  PELETE  11 TITLE  D  Change  Addition  Addition  NAME  PLEISCHFRESSER, DAVID  ITILE  D  DELETE  12 TITLE  D  Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADAIR  10. Name and Address of New Registered Agent September 10 Name and Address and Address and Address and Address and
ADAIR, PERRY % BENDER BENDER CHANDLER & ADAIR 432 N WASHINGTON AVE HOMESTEAD FL 33030  84 City  FL  85 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  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  DELETE  11. TITLE  D  Change  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Change  Addition
*** BENDER BENDER CHANDLER & ADAIR 432 N WASHINGTON AVE HOMESTEAD FL 33030  **** HOMESTEAD FL 33030  ****  ****  ***  ***  ***  ***
432 N WASHINGTON AVE HOMESTEAD FL 33030  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, byted or printed name of registered agent and title if applicable  Of FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NAME  FLEISCHFRESSER, DAVID  11 2 NAME  STREET ADDRESS CITY-ST-ZIP  HOMESTEAD FL  DELETE  14 CITY-ST-ZIP  TITLE  D DELETE  21 TITLE  DELETE  22 NAME  Change  Addition
HOMESTEAD FL 33030  84 City  FL 85 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 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, hyred or printed name of registered agent and title if applicable  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D DELETE  11 TITLE  Change Addition  Addition  STREET ADDRESS  CITY-ST-ZIP  HOMESTEAD FL  DELETE  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  D DELETE  1.4 CITY-ST-ZIP  TITLE  D Change Addition  AME  FLEISCHFRESSER, SUSIE
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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 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, 1 am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  Change Addition  Addition  TITLE  D  Change Addition  TITLE  D  Change Addition  Addition  AME  FLEISCHFRESSER, SUSIE
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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, byted or printed name, of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE
SIGNATURE    Signature, typed or printed name, of registered agent and title if applicable   NOTE   Registered Agent signature required when reinstating)   DATE
12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D FLEISCHFRESSER, DAVID  STREET ADDRESS  131 NW 16TH ST HOMESTEAD FL  TITLE  D FLEISCHFRESSER, SUSIE  DELETE  14 CITY-ST-ZIP  TITLE  D FLEISCHFRESSER, SUSIE  22 NAME  22 NAME
TITLE D DELETE 11 TITLE Change Addition  NAME FLEISCHFRESSER, DAVID 12 NAME  STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 14 CITY-ST-ZIP  TITLE D DELETE 21 TITLE  NAME FLEISCHFRESSER, SUSIE 22 NAME
NAME
STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 13 STREET ADDRESS HOMESTEAD FL 14 CITY-ST-ZIP TITLE D DELETE 21 TITLE NAME FLEISCHFRESSER, SUSIE 22 NAME
CITY-ST-ZIP HOMESTEAD FL 14 CITY-ST-ZIP  TITLE D DELETE 2.1 TITLE  NAME FLEISCHFRESSER, SUSIE 22 NAME
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STREET ADDRESS 131 NW 16TH ST 2.3 STREET ADDRESS
CITY-ST-ZIP HOMESTEAD FL 2.4 CITY-ST-ZIP
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STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  1.4 Liberaby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information

receive very tractive information supplied with this limit does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 attraction with an address.

3-23-98 (305)247-3600