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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V55845

(4)

FILED Apr 28 1997 8:00am Secretary of State

MERCY'S NURSERY, INC.  Principal Place of Business Mailing Address  10375 S.W. 38 TERRACE 10375 S.W. 38 TERRACE MIAMI FL 33165 MIAMI FL 33165-4508									
						3. Date Incorporated or Qu 08/04/1992		ate of Last   /05/1996	Report
2. Principal Pr	ace of Business	2a. Mailin	g Address			4. FEI Number			pplied For
21 Suite, Apt	# ote	26 Suite	Apt. #, etc.	<del></del>	<del></del>	65-0360068	<del></del>		lot Applicable
22	#, рю.	27	Apt. #, etc.			5. Certificate of Status Des	ired 🗍		Additional lequired
City & State	(I		State			6. Election Campaign Fina	ncing	\$5.00	May Be
23		28	<del></del>			Trust Fund Contribution		Added	to Fees
Zip IIII	Country	Zip		<b>├</b> ─¬	intry	8. This corporation has liab		No No	s. 199.032,
24	9. Name and Address of Co	29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Agent	30	·	Florida Statutes 10. Name and Address of	Yes		
MAD	RTIN, AIDEE		19211		81 Name	10, 110,110 0112 1100,000 01			
	75 SW 38 TERRACE				82 Street Ac	idress (P.O. Box Number is Not A			
	MI FL 33165				82 Street Ad	idress (P.O. Box Number is Not A	(ecebtable)		
•					63		<del></del>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
}					84 City			<b>85</b> Zip	Code
1					- '		FL	_ [	
11 Pursuant	to the provisions of Sections 607	7.0502 and 607 1500	8, Florida Statu	ites, the al	bove-named co	orporation submits this statement	for the purpose of	or changing	o rogistored
SIGNATURE	to the provisions of Sections 603 agistered agent, or both, in the rit familiar with, and accept the or Signature typed or context name of register	ed agent and title if applica	ble (NO	TF Registere		quired when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	Signature - typed or granted name of register OFFICERS		ble (NO	TE Registere	d Agent signature re		DATE	ID DIRECTO	RS IN 12
SIGNATURE  12.  TILLE	Signature typed or paided name of register OFFICERS	ed agent and title if applica	ble (NO	TE: Registere 13.	d Agent signature re	quired when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE  12.  IIII MANE	Signature typed or scaled name of register  OFFICERS  D  MARTIN, AIDEE	ed agent and title if applica	ble (NO	13. 1.1 T/ 1.2 N/	d Agent signature re	quired when reinstating)	DATE	ID DIRECTO	RS IN 12
SIGNATURE  12. THE NAME STREET ADDRESS	OFFICERS  D MARTIN, AIDEE 10375 S.W. 38TH TERR.	ed agent and title if applica	ble (NO	13. 1.1 T/ 1.2 N/ 1.3 S1	d Agent signature re TLE AME	quired when reinstating)	DATE	IO DIRECTO	RS IN 12
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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.

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