FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V66604** **(2)**

1. Corporation Name

BLACK DIAMOND NURSERY, INC.

Principal Place of Business	Mailing Address
6930 51ST DRIVE S. LAKE WORTH FL 33463	6930 51ST DRIVE S. LAKE WORTH FL 33463

3. Date Incorporated or Qualified: **09/25/1992**

3a. Date of Last Report: **03/27/1995**

4. FEI Number: **65-0373243** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 10750 Anthony Groves	26 10750 Anthony Groves
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 West Palm Beach FL	City & State 28 West Palm Bch FL
Zip 24 33414 Country 25 Palm Bch	Zip 29 33414 Country 30 Palm Bch

9. Name and Address of Current Registered Agent

LEE, JEFFREY C.
6930 51ST DRIVE S.
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name: Lee, Jeffrey C.
82 Street Address (P.O. Box Number is Not Acceptable): 10750 Anthony Groves Rd.
83
84 City: West Palm Beach FL 85 Zip Code: 33414

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 _____ (Signature, typed or printed name of Registered Agent and Date required) (NOTE: Registered Agent Signature required for valid filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D/P	☐ DELETE	1.1 TITLE	D/P	☐ Change ☐ Addition
NAME	LEE, JEFFREY C.		1.2 NAME	Lee, Jeffrey C.	
STREET ADDRESS	6930 51ST DRIVE S.		1.3 STREET ADDRESS	10750 Anthony Groves Rd.	
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP	West Palm Beach FL 33414	
TITLE	D/V	☐ DELETE	2.1 TITLE	D/V	☐ Change ☐ Addition
NAME	LEE, DAVID J.		2.2 NAME	David Lee	
STREET ADDRESS	6930 51ST DRIVE S.		2.3 STREET ADDRESS	10750 Anthony Groves Rd.	
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP	West Palm Beach FL 33414	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 added on an attachment with an address.

SIGNATURE: _____ May 1, 1996 753-8445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)