

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

10750 ANTHONY GROVES  
WEST PALM BEACH FL 33414  
US

Mailing Address

10750 ANTHONY GROVES  
WEST PALM BEACH FL 33414  
US

97 SEP 26 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br>09/25/1992  | 3a. Date of Last Report<br>05/01/1996 |
| 4. FEI Number<br>65-0373243  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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 Jeffrey C. Lee  
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 agree to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/22/97

12. OFFICERS AND DIRECTORS

|                |                    |        |
|----------------|--------------------|--------|
| TITLE          | DP                 | DELETE |
| NAME           | LEE, JEFFREY C.    |        |
| STREET ADDRESS | 6930 51ST DRIVE S. |        |
| CITY-ST-ZIP    | LAKE WORTH FL      |        |
| TITLE          | DV                 | DELETE |
| NAME           | LEE, DAVID J.      |        |
| STREET ADDRESS | 6930 51ST DRIVE S. |        |
| CITY-ST-ZIP    | LAKE WORTH FL      |        |
| TITLE          |                    | DELETE |
| NAME           |                    |        |
| STREET ADDRESS |                    |        |
| CITY-ST-ZIP    |                    |        |
| TITLE          |                    | DELETE |
| NAME           |                    |        |
| STREET ADDRESS |                    |        |
| CITY-ST-ZIP    |                    |        |
| TITLE          |                    | DELETE |
| NAME           |                    |        |
| STREET ADDRESS |                    |        |
| CITY-ST-ZIP    |                    |        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                          |        |          |
|--------------------|--------------------------|--------|----------|
| 1.1 TITLE          | BP                       | Change | Addition |
| 1.2 NAME           | Jeffrey C. Lee           |        |          |
| 1.3 STREET ADDRESS | 10750 Anthony Groves Rd. |        |          |
| 1.4 CITY-ST-ZIP    | West Palm Beach FL 33414 |        |          |
| 2.1 TITLE          | DV                       | Change | Addition |
| 2.2 NAME           | DAVID J. LEE             |        |          |
| 2.3 STREET ADDRESS | 10750 Anthony Groves Rd. |        |          |
| 2.4 CITY-ST-ZIP    | West Palm Beach FL 33414 |        |          |
| 3.1 TITLE          |                          | Change | Addition |
| 3.2 NAME           |                          |        |          |
| 3.3 STREET ADDRESS |                          |        |          |
| 3.4 CITY-ST-ZIP    |                          |        |          |
| 4.1 TITLE          | 700002306697             | Change | Addition |
| 4.2 NAME           | -09/29/97-01162-004      |        |          |
| 4.3 STREET ADDRESS | ****750.00 ****750.00    |        |          |
| 4.4 CITY-ST-ZIP    |                          |        |          |
| 5.1 TITLE          |                          | Change | Addition |
| 5.2 NAME           |                          |        |          |
| 5.3 STREET ADDRESS |                          |        |          |
| 5.4 CITY-ST-ZIP    |                          |        |          |
| 6.1 TITLE          |                          | Change | Addition |
| 6.2 NAME           |                          |        |          |
| 6.3 STREET ADDRESS |                          |        |          |
| 6.4 CITY-ST-ZIP    |                          |        |          |

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE Jeffrey C. Lee

9/22/97

CR2E034 (4/97)