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**PROFIT CORPORATION** ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

**FILED** Apr 16 1997 8:00am Secretary of State

DOCUMENT # V70638 (4) NURSERY + LANDSCAPE SUPPLIES, INC.  Principal Place of Business Mailing Address						
10459 BW 186 ST. MIAMI FL 83157 US		P.O. BOX 560142 MIAMI FL 33256-0142 US		į		
				3. Date Incorporated or Qualified 10/09/1992	3a. Date of Last 06/05/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		65-0371284		Not Applicabl
Suffe, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired		Additional
2 011 0 011		27			Fee	Required
City & State	9	City & State		6. Election Campaign Financing		<b>0</b> May Be
3 Zip	Country	<b>28</b> Zip	Country	Trust Fund Contribution	<del></del>	d to Fees
2 p	25	29	30	8. This corporation has liability for in Florida Statutes	intangible tax unde: ☐ Yes  ☐ No	rs. 199.032,
<u> </u>	9. Name and Address of Curren		1901	10. Name and Address of New Re		
			84 City		85 Zt	p Code
	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida, Such change was ations of, Section 607.0505, Fl		rporation submits this statement for the palion's board of directors. I hereby accep	FL   "	,
SIGNATURE	Signature, typod or printed name of registered age:	nt and title if applicable (NO)	les, the above-named cor authorized by the corpora lorida Statutes.	uired when reinstating)	purpose of changing the appointment of the purpose of changing the purpose of the	its registore as registered
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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.