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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 339209**

1. Corporation Name COSTA NURSERY FARMS, INC.	
Principal Place of Business	Mailing Address
22290 S W 162ND AVE GOULDS FL 33170	22290 S W 162ND AVE GOULDS FL 33170
Principal Place of Business     1	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

**FILED** Feb 08, 1999 8:00am **Secretary of State** 

02-08-1999 90002 012 \*\*\*150.00

Orincinal Place	of Business	Mailing Address						######################################	IB)) AIAII JANI
2290 SW 1621	·	22290 S W 162ND AVE							
2290 S W 1021 OULDS FL 331		GOULDS FL 33170					OT WOLFE ALTH	C CDACE	
	•				-	3. Date Incorporated or 0	OT WRITE IN TH	S SPACE	
	•				ļ	12/20/1968	Qualifeu		
		A Mailing Address				12/20/1900 4. FEI Number	<del></del>		plied For
2. Principal Pl	ace of Business	2a. Mailing Address				59-1229374		<u> </u>	t Applicable
1	8 -1	Suite, Apt. #, etc.	<u> </u>					\$8.75	
Suite, Apt. i	#, etc.	27				5. Certifcate of Status D	esired 🗀 .	. Fee Re	
City & State		City & State				6. Election Campaign Fi	nancing	\$5.00	May Be
City & State	e e e e e e e e e e e e e e e e e e e	28				Trust Fund Contribution	· II.	Added t	
3	Country	Zip	Cour	ntry		8. This corporation owes	the current year	ntangible	
¬ '	25	29	30			Personal Property Ta		Yes	□No
4	9. Name and Address of Curr		<u> </u>			10. Name and Address	of New Registere	d Agent	
		· ;		81 N	lame				
ARA,	ZOZA & COMAS, P.A.		}	82 SI	treet Addres	ss (P.O. Box Number is No	t Acceptable)	<del></del>	
- 555 101 I	MADEIRA AVE			-		es € s . s t els	<u>, , , , , , , , , , , , , , , , , , , </u>	بيبه ينديي فيده	
COR	AL GABLES 33134			83			學問發情報	數論的	
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Affly for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ; with all other like empowered. 14. I hereby certify that the information supplied with this filing indicated on this annual report or supplemental annual report of the corporation or the receiver of trust Block 12 or Block 13 if changed, or on an att