FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

% JACOB KOORNNEEF



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F64087

(2)

Mailing Address

% JACOB KOORNNEEF

RANCH ROAD GREENHOUSES, INC.

	_	FILEI)
Feb	12	1997	8:00am
Se	ecre	tary c	of State

				
Date Incorporated or Qualified 01/21/1982	3a. Date of Last Report 02/20/1996			
, FEI Number	Applied For			

5700 SIMS HOAD DELRAY BEACH FL 33484-2512		5700 SIMS MOAD DELRAY BEACH FL 33484-2512								
					3. Date Incorporated or Qualified 01/21/1982	te of Last Report				
·············· `	ace of Business	2a. Mailing Address	2a. Mailing Address			4, FEI Number		Ap	plied For	
21		26				59-2142356			t Applicable	
Suite, Apt. #, etc.		h	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
22			27					Fee Re		
City & State	,	28	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zιp	Сог	ıntry		8. This corporation has liability for in	ntangible t	ax under s	. 199.032,	
24	25	29	30	,			Yes _			
	9, Name and Address of Curre	nt Registered Agent		04		10. Name and Address of New Reg	istered A	gent		
	PRNNEEF, JACOB			81	Name					
) SIMS ROAD			82	2 Street Address (P.O. Box Number is Not Acceptable)					
DELI	ray Beach Fl									
				63	,					
				84	City		FL	85 Zip	Code	
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508. Florida Statute	es, the a	boye	-named con	poration submits this statement for the pu	rpose of	changing it	s registered	
office or re	egistered agent, or both, in the Stat n familiar with, and accept the obliq	e of Florida. Such change was a	authorize	dbν	the corpora	tion's board of directors. I hereby accept	the appo	intment as	registered	
SIGNATURE	Signature Typed or printed came of registered ap	gent and title if applicable. (NOTe	Registere	d Age	nt signature requ	ired when reinstating)	DATE	•	·	
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12	
Title	VPS .	☐ DELETE	1.1 T)	TLE				Change	Addition	
NAME	KOORNNEEF, EDWARD		1.2 N	AME						
STREET ADDRESS 10667 HAGEN RANCH ROAD			1.3 ST	1.3 STREET ADDRESS						
CPY-ST-ZP	BOYNTON BEACH FL		1.4 C	ITY-S	ĭ-ZIP					
TITLE	DPR	☐ DELETE	2.1 TI	TLE				Change	Addition	
NAME	KOORNNEEF, JACOB		22 N	AME	}					
STREET ADDRESS	7752 BRIDLINGTON DRIVE		235	23 STREET ADDRESS						
CITY+ST+ZIP	BOYNTON BEACH FL		2.40	HY-5	ST-ZIP					
TITLE		☐ DELETE	3.1 Ti	TLE				Change	Addition	
NAME			3.2 N	AME						
STREET ADDRESS			3.3 \$1	TAEET	address					
CITY-ST-7/P			3 4. C	ITY-S	ST-ZIP					
THLE		DELETE	4111	TLE			i	Change	Addition	
NAME			4. 2 N	MME						
STREET ADDRESS			4.3 S1	TREET	ADDRESS					
CITY-ST-ZIF			4.4 C	TY-S	T-ZIP					
TITLE		☐ DELETE	5.1 11	TLE				Change	Addition	
NAME			5.2 N	AME						
STREET ADDRESS			5.3 S	TREET	ADDRESS					
CITY-S1-7P		······································	5.4 C	TY-S	T-ZIP					
THILE		DELETE	6.1 1	TLE				Change	Addition	
NAME			6.2 N/	AME						
STREET ADDRESS			6.3 S1	TREET	ADDRESS				ŀ	
CITY-S1-ZIP			6.4 CI	TY-S	T-ZIP					
14. Ldo hereb	v certify that the information supplied	ed with this filling does not qualif	v for the	eve	motion state	d in Section 119 07(3)(i). Florida Statutes	Lighter	certify that	the	

4. 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 of graph lemental 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #