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PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

**FILED** Jan 16 1998 8:00am Secretary of State

BLACK OLIVE NURSERY, INC.							
Principal Place of Business	Mailing Address					11 <b>111</b> 11 11 11 11 11 11 11 11 11 11 11 11	
5021 SW 51ST ST	5021 SW 51ST ST						
FT LAUDERDALE FL 33314 FT LAUDERDALE FL 33314					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	J 01 7102	
					01/21/1980		
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21	26				59-1949487	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	
22 27						Fee Re	<u> </u>
City & State					6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> Added 1	
Zip Country	28 Zip	Cor	untry		Trust Fund Contribution  8. This corporation owes or has paid the contribution		
24 25 25					Personal Property Tax due June 30.		No
9, Name and Address of Current		1001	Т		10. Name and Address of New Registere		
NICHOLS, BILLY			81	Name	,		
5021 S.W. 51 STREET			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
FORT LAUDERDALE FL				0110017124101			
			83				
			84	City		85 Zip (	Code
			<u> </u>	-	F		in to afotorod
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State cagent. I am familiar with, and accept the obligate.	and 607,1508, Florida Statut f Florida. Such change was :	tes, the a authorize	g by	-named corpo the corporatio	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	or changing it opointment as	registered
agent. I am familiar with, and accept the obligat	ions of, Section 607.0505, Fl	orida Stai	itutes.	•	,		
SIGNATURE Stonature, typed or printed name of registered agent	and title if conficable (NOT	E. Booistore	nd Agen	nt signature required	t when reinstating) DATE		
12. OFFICERS AND		13.	a rigon	it digitalists radiates	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTOR	IS IN 12
TITLE PD	☐ DELETE	1.1 TI	ITLE			Change	Addition
NAME NICHOLS, BILLY		1.2 N	AME				
STREET ADDRESS 5021 S.W. 51 STREET		1.3 S	TREET A	ADDRESS			
CITY-ST-ZIP FT. LAUDERDALE FL		1,4 C	ITY-ST	- ZIP			
TITLE							
NAME HERNDON, PHYLLIS N.	L DELESE	2.1 TI	ITLE			Change	Addition
	∐ DELE∤E	2.1 TI 2.2 N				Change	Addition
STREET ADDRESS 5021 SW 51 ST.	☐ DELE#E	2.2 N	IAME TREET A	ADDRESS		Change	Addition
CITY-ST-ZIP FT LAUDERDALE FL	_	2.2 N 2.3 S 2. 4 C	IAME TREET A				
CITY-ST-ZIP FT LAUDERDALE FL TITLE ST	DELETE	2.2 N 2.3 S 2. 4 C 3.1 T	IAME STREET A CITY - ST TTLE			☐ Change	Addition  Addition
CITY-ST-ZIP FT LAUDERDALE FL TITLE ST NAME WALL, BERT V.	_	2.2 N 2.3 S 2. 4 C 3.1 T 3.2 N	IAME STREET A CITY - ST TILE IAME	T-ZIP			
CITY-ST-ZIP FT LAUDERDALE FL  TITLE ST  WALL, BERT V.  STREET ADDRESS 5021 SW 51 ST.  ET LAUDERDALE FL	_	2.2 N 2.3 S 2. 4 C 3.1 TI 3.2 N 3.3 S	IAME STREET A CITY - ST TTLE IAME STREET A	T-ZIP ADDRESS			
CITY-ST-ZIP FT LAUDERDALE FL  TITLE ST  NAME WALL, BERT V.  STREET ADDRESS 5021 SW 51 ST.  CITY-ST-ZIP FT LAUDERDALE FL	_	2.2 N 2.3 S 2. 4 C 3.1 TI 3.2 N 3.3 S	IAME STREET A CITY - ST TILE IAME STREET A CITY - ST	T-ZIP ADDRESS			
CITY-ST-ZIP FT LAUDERDALE FL  TITLE ST WALL, BERT V. STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL  TITLE	DELETE	2.2 N. 2.3 S' 2.4 C 3.1 TT 3.2 N. 3.3 S' 3.4. C	IAME STREET A CITY - ST TILE IAME STREET A CITY - ST	T-ZIP ADDRESS		☐ Change	Addition
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CITY-ST-ZIP FT LAUDERDALE FL  TITLE ST WALL, BERT V.  STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL  TITLE NAME STREET ADDRESS	DELETE	2.2 N. 2.3 S 2. 4 C 3.1 TI 3.2 N. 3.3 S 3.4 C 4.1 TI 4. 2 N. 4.3 S	IAME STREET A CITY-SI TITLE IAME STREET A CITY-SI TITLE NAME	T-ZIP  ADDRESS T-ZIP  ADDRESS		☐ Change	Addition
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.

GNATURE:

SIGNATURE: