

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 430173 (5)

1. Corporation Name

KRAFT NURSERY, INC.



Principal Place of Business

600 S. POWERLINE ROAD  
DEERFIELD BEACH FL 33442

Mailing Address

600 S. POWERLINE ROAD  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/10/1973

3a. Date of Last Report

06/21/1995

4. FEI Number

59-1469053

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KRAFT, ALBERT H., JR.  
6663 S. GRANDE DRIVE  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME KRAFT, ALBERT H., JR.  
STREET ADDRESS 6663 S. GRANDE DRIVE  
CITY - ST - ZIP BOCA RATON FL

TITLE V ☐ DELETE

NAME KRAFT, MILDRED E.  
STREET ADDRESS 6663 S. GRANDE DRIVE  
CITY - ST - ZIP BOCA RATON FL

TITLE P ☐ DELETE

NAME KRAFT, KEVIN  
STREET ADDRESS 21845 MT SUGAR LANE  
CITY - ST - ZIP BOCA RATON FL

TITLE ST ☐ DELETE

NAME FELL, KAREN  
STREET ADDRESS 10955 NW 5TH COURT  
CITY - ST - ZIP CORAL SPRINGS FL

TITLE D ☐ DELETE

NAME MILLER, KATHERINE  
STREET ADDRESS 5032 NW 51ST STREET  
CITY - ST - ZIP COCONUT CREEK FL

TITLE D ☐ DELETE

NAME KRAFT, KURT J.  
STREET ADDRESS 9114 CHRYSANTHEMUM DR.  
CITY - ST - ZIP BOYNTON BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Loren L. Jue* Sec/Treas

3/12/96 (954) 421-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)