

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

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Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/10/1973	
21		26		4. FEI Number 59-1469053	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	

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	SAME - KRAFT, ALBERT H., JR.	
82	Street Address (P.O. Box Number Is Not Acceptable)	5288 SW ORCHID BAY DR.	
83			
84	City	PALM CITY	85 Zip Code FL 34990

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	KRAFT, ALBERT H., JR.	
STREET ADDRESS	6663 S. GRANDE DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KRAFT, MILDRED E.	
STREET ADDRESS	6663 S. GRANDE DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KRAFT, KEVIN	
STREET ADDRESS	21845 MT SUGAR LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FELL, KAREN	
STREET ADDRESS	10955 NW 5TH COURT	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, KATHERINE	
STREET ADDRESS	5032 NW 51ST STREET	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input type="checkbox"/> 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	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KRAFT, ALBERT H., JR.
1.3 STREET ADDRESS	5288 SW ORCHID BAY DR
1.4 CITY-ST-ZIP	PALM CITY, FL 34990
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KRAFT, MILDRED E.
2.3 STREET ADDRESS	5288 SW ORCHID BAY DR
2.4 CITY-ST-ZIP	PALM CITY, FL 34990
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Karen K. Fell* **KAREN K. FELL** 4/3/98 (954) 421-6960

CR2E034 (10/97)