


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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90083 017 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **430173**

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

3. Date Incorporated or Qualified

07/10/1973

4. FEI Number

59-1469053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**KRAFT, ALBERT H., JR.
5288 SW ORCHID BAY DR
PALM CITY FL 34990**

10. Name and Address of New Registered Agent

81 Name

KEVIN KRAFT

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

1205 S.W. ROBYS WAY

83

84 City

PALM CITY

FL

85 Zip Code

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

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

KEVIN KRAFT, Pres.
(NOTE: Registered Agent signature required when reinstating)

4/8/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	KRAFT, ALBERT H., JR.	
STREET ADDRESS	5288 SW ORCHID BAY DR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KRAFT, MILDRED E.	
STREET ADDRESS	5288 SW ORCHID BAY DR	
CITY-ST-ZIP	PALM CITY FL 34990	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1205 S.W. ROBYS WAY
3.4 CITY-ST-ZIP	PALM CITY, FL 34990
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, with all other like empowered.

SIGNATURE

Karen Fell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99
Date

Daytime Phone #

CR2F034 (11/98)