PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90052 034 ***150.00

DOCUMENT 1. Corporation Name	# 436337
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NU-TURF	F SOD CO. OF SUNRISE, II	NC.							
Principal Place	of Business	Mailing Address			1 188411 \$1800 ATER OFFICE (1500 INTE	gg: 91511 UIG	** 8:8:1 9:26		
6203 WEST SUNRISE BOULEVARD 6203 WEST SUNRISE BOULEVARD SUNRISE FL 33313 SUNRISE FL 33313			DO NOT WRITI	E IN THIS S	SPACE				
					3. Date incorporated or Qualifed	•			1
l					09/18/1973				1
2. Principal Place of Business 2s. Mailing Address					4. FEI Number		· Ar	plied For	1
				59-1481979		No	t Applicable	1	
Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #, etc.	e, Apt. #, etc.		5. Certificate of Status Desired			Additional equired	
22		27 City & State				المنشد بالمعم		May Be	ī
City & State		- ·			B. Election Campaign Financing Trust Fund Contribution			to Fees	
23	Country	Zip				nt year Inter			1
Zip	· ·		30		8. This corporation owes the current year in Personal Property Tax.		Yes 🗆 No		
24	9. Name and Address of Curren	t Registered Agent	130		10. Name and Address of New Re		-1		1
	3. Name and Address of Curren	It washered an Wilacus		81 Name]
FAN	UCCI, FRANK W.			<u> </u>	ID O. C. M. Aberle Marketol	Na N			}
	W. SUNRISE BLVD.			82 Street Add	dress (P.O. Box Number is Not Acceptate	жај			
_	RISE FL 33313			83					1
									1
				84 City	•	FL	85 Zip 1	Code	ì
44 Questiant	to the provisions of Sections 607 050	2 and 607 1508 Florida St.	atutes, the at	bove-named cor	poration submits this statement for the p	ourpose of c	hanging its	registered	1
									1
b .	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change wa tions of, Section 607.0505,	s authorized Florida Stati	I by the corporatutes.	rporation submits this statement for the ption's board of directors. I hereby accept	пе аррони	2 116 11 GS 10	gistore	
office or n agent. I a SIGNATURE				i by the corporat utes. Agent signature requi		DATE) a
b .	Signature, typed or printed name of registered age					DATE	DIRECTO	ORS IN 12	1/98)
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (N	OTE: Registered	Agent signature requi	red when nunstriing)	DATE			(11/98)
SIGNATURE	Signature, typed or printed name of registered ages OFFICERS AN	m and title if applicable (N ID DIRECTORS	OTE: Registered	Agent signature requi	red when nunstriing)	DATE	DIRECTO	ORS IN 12	34 (11/98)
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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 suppliemental 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 compression 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 charges, or on an attachment with an address, withfall other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTO

<u>_____</u>

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