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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

469207

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FI	ORIDA	WHO	<b>FSALE</b>	TREES.	INC
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Principal Place	of Business	Mailing Address			I MARIEL MINING STEIN (STEIN STEIN S	EL COME MINIT MENSE N	INII NINII NENII NENII IN	
401 CLONTS ST. 401 CLONTS ST. OVIEDO FL 32765								
					<ol> <li>Date Incorporated or Qualified 02/05/1975</li> </ol>	3a. Date of L 01/1	ast Report 18/1995	
2. Principal Pla 1	ace of Business	2a. Mailing Address 26			4. FEI Number 59-1577997		Applied For Not Applicable	
Suite, Apt 4		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required	
Oty & State 3		City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip 4]	Country 25	7ip 29	Country 30		8. This corporation has liability for i			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R		nt	
			81	Name		_ <del></del>		
MCCUL 401 CL	Ler, James B. Onts St.		82	82 Street Address (P.O. Box Number is Not Acceptable)				
OVIEDO	) FL 32765		83				·	
			84	City		<b></b> 8:	Zip Code	
11. Parsuant fo	e the provisions of Sections 607.050	2 and 607 1508 Florida Stat	utes the above	annad paras	ration submits this statement for the pur ird of directors. I hereby accept the appo	FL 🖺	1	
SIGNATURE 12.		it and title it applicable:	NOTE Registered Agen	t signature require	ed when reinstating!  ADDITIONS/CHANGES TO OFFI	DATE	ECTORS IN 12	
II.f	STD	DELETE	1 1 TITLE			Cr		
AME	MCCULLER, SANDRA A		1.2 NAME					
TREET ADDRESS	509 LAKE CHARM DR.		13 STREET	ADDRESS				
tiy SI-ZIP	OVIEDO FL		14 CITY - S	r - ZIP				
IT.E	PD MCCHILED JAMES B	DELFTE	2 1 TITLE			Ch	ange Addition	
AME ABEEL ADDRESS	MCCULLER, JAMES B 509 LAKE CHARM DR.		2.2 NAME					
PTY+SE-75	OVIEDO FL		2 3 STREET	ſ				
artisanioni Art		□ DELETE	2.4 CiTy - S 3.1 TiTLE	I - ZIP			ianga	
IAM:			3 2 NAME			☐ Ch	ange Addition	
IREET ADDRESS			3.3 STHEET	ADDRESS				
11 Y - \$1 - 71F			3 4 CITY - S					
III.F		DELETE	4. 1 Title			Ch	ange Addition	
AMA.			4.2 NAME			_		
IREEL ADDRESS			4.3 STHEET	ADDRESS				
(TY-S) 20:			4.4 CITY - S	1 - <b>7</b> (P				
ITLE		☐ DELETE	. 5. 1 TITLE			☐ Ch	ange 🔲 Addition	
IAM)			5 2 NAME					
THEF! ADDRESS			5 3 STREE1	ADDRESS				
01 Y - 51 - ZIP			54 CITY-S	ZIP				
fil Lf		DELETE	6 1 THILE			☐ Ch	ange 🔲 Addition	

6.2 NAME

63 STREET ADDRESS 6.4 CITY - ST - ZIP

NAME

STREET ADDRESS.

14. Let hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 1.19.07(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 cath; that I am an officer endicator 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 of Block 12 of

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