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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 587543

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FLORIDA EVERGREEN FOLIAGE, INC.

FILED
May 16 1997 8:00am
Secretary of State



incipal Place of Business 80 S.W. 128 STREET		978	Mailing Address 9780 S.W. 129 STREET								
MI FL 33176		MIA	MI FL 33176-5629					<b>,</b>			
							3. Date Incorporated or Qualified 09/26/1978	3a. Dat 02/2			port
Principal Plac	ce of Business	2a. 26	Mailing Address				4. FEI Number 59-1856565	<del> </del>	F		plied For Applicat
Suite. Apt. #,	etc		Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>X</b>	•		dditional
City & State			City & State	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			6. Election Campaign Financing	<u></u>	\$5	5.00	May Be
7ip	Country	28	Ziρ	Cour	ntrv		Trust Fund Contribution			dded to	
4.	25	29	enp.	30	,		This corporation has liability for Florida Statutes	Yes [		ider s.	199.032
	9. Name and Address of Curr		ered Agent	1901		<del></del>	10. Name and Address of New Re				
- 9780	IG, LOUIS W SW 128 STR I FL 33176				81 82 83	Name Street Add	ress (P.O. Box Number is Not Acceptat	ole)		<u></u>	
•				ļī	64	City		FL	85	Zip C	ode
office or reg agent Tam NATURE	jistered agent, or both, in the Sta familiar with, and accept the obl	ite of Florid ligations of.	a Such change was Section 607.0505, I	s authorized Florida Statu	iby ₁tes.	the corpora	poration submits this statement for the pation's board of directors. I hereby acception's	ot the appo	ointme	∌nt as r	register
51	gradure typed or printed name of registered a				Agen	nt signature requi	red when reinstating)	DATE			
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I. I do 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 accurationand that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #