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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 644632

SPANISH RIVER NURSERY, INC.

FILED
T OF STATE
PRATIONS

FILED
Feb 16, 1999 8:00am
Secretary of State

02-16-1999 90033 027 \*\*\*150.00



							A STATE BIRTH BIR	
Principal Place	e of Business	Mailing Address						
8571 156TH CT., \$. DELRAY BEACH FL 33446		8571 156TH CT S. DELRAY BEACH FL 33446		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			-
					11/08/1979			
2. Dringing DI	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For			lied For
	INCR OLDONIESS	26			59-1941192		Not	Applicable
Suite, Apt. :	# etc }	Suite, Apt. #, etc.					\$8.75 A	dditional
	#, etc. :	27			5. Certifcate of Status Desired		Fee Req	quired
City & State	<u> </u>	City & State	·		6. Election Campaign Financing		\$5.00 N	May Be
<b>−</b> ₁ `		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the currer	t year Inta	ngible	
<b>─</b> '	25	29 30	o		Personal Property Tax.			□No
24	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Re	gistered A	.gent	
	5. Walle and Flagger		8	Name				
ESPI	INOSA, HARRY		8:	Ctroot Add	ress (P.O. Box Number is Not Acceptab	le)		
	LISTOW TERR		84	Street Addr	ess (IT.O. Box Number is Not Acceptab		<u> </u>	* 
	INTON BEAHC FL 33437		8:	3				
			8-	4 City	्रिक्ती अपने के किया के क्रिकेट के किया के क्रिकेट के किया के किया किया किया किया किया किया किया किया		85 Zip C	ode
					poration submits this statement for the p	<u> </u>		-oniotornd
SIGNATURE	Signature, typed or printed name of registered ag		<u> </u>	ent signature require	ad when reinstating) (1000 ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO	RS IN 12
12.	·	ND DIRECTORS	13.			OLINO AIV	Change	Addition
TITLE	PT		1.1 TITLE					
NAME	ESPINOSA, HARRY		1.2 NAME	ŀ				
STREET ADDRESS			l	ET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL	DELETE	1.4 CITY-		<del> </del>	<del></del>	Change	Addition
TITLE	VS	[_] DELEVE	•	- !			_ •	
NAME	ESPINOSA, RODNEY		2.2 NAME					
STREET ADDRESS				ET ADDRESS	the state of the state of			
CITY-ST-ZIP	POMPANO BEACH FL	FIDELETE	2. 4 CITY				Change	Addition
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NAME			3.2 NAMI					
STREET ADDRESS				ET ADDRESS	an green eigh	Sadi		
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NAME			4, 2 NAM		•			
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CITY-ST-ZIP				- ST- ZIP			☐ Change	Addition
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NAME			5.2 NAM					
STREET ADDRESS	s			EET ADDRESS	en e			
CITY-ST-ZIP			5.4 CITY				Change	Addition
TITLE	н	☐ DELETE	6.1 TITLE		•		LI Change	
NAME			6.2 NAM				-	
STREET ADDRESS	s		6.3 STR	EET ADDRESS	•			
CITY ST. 7ID			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:

GNATURE AND TYPED OR PRINTED NAME OF PROVING OFFICER OR DIRECTOR

1/20199

561-499-8343 Daytime Phone # CR2E034-(11/98)