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 # 680593

1. Corporation Name

TREE FACTORY, INC.

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90033 032 ***150.00



,										
Principal Place of Business Mailing Address								2.2 2.		
853 ELLER DR PO BOX 22778										
FORT LAUDERDALE FL 33335-2778 FT LAUDERDALE FL 33335-2778							DO NOT WRIT	E IN THIS	SPACE	
							3. Date Incorporated or Qualifed		<u></u>	
							08/01/1980			
Principal Place of Business 2a, Mailing Address							4. FEI Number		_ Ar	plied For
21 26							59-2025441		No	t Applicable
Suite, Apt.	#. etc.	Suite, Apt.	. #, etc.						\$8.75	Additional
	المراقب والمراجع المعالم المعارض والمعارض	27				: · · -	5. Certifcate of Status Desired	. 🗓 ,	Fee Re	guired
City & State	e	City & State					6. Election Campaign Financing	П	\$5.00	May Be
23		28			_		Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Cour	ntry		8. This corporation owes the curre	ent year Inta		
24	25	29	[:	30	_		Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Ager	nt			, d d	10. Name and Address of New R	egistered /	Agent	
BB4	NAME 1400 (1444 (1 155				81	Name				
BROWN, WILLIAM H JR					82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
1021 SE 8TH ST										
AOT 2					83					
FT LAUDERDALE FL 33316					84	City			85 Zip	Code
~, - ,	16						¥****	FL	.	
office or re agent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligati	f Florida. Such ch ons of, Section 60	ange was au 7.0505, Flori	thorized da Statu	by i ites.	the corporation	n's board of directors. I hereby accep	t the appoir	ntment as re	gistered
	Signature, typed or printed name of registered agent		(NOTE: I		Agen	t signature required	ADDITIONS/CHANGES TO OF		D DIRECTO	DPS IN 12
12.	PD OFFICERS AND		DELETE	13. 1,1 TIT	1 E	7	ADDITIONS/CHANGES TO OF	TOERS AN	Change	Addition
	BROWN, WILLIAM H JR	_	DECETE	1.2 NA					٠٠	
NAME	1021 SE 8TH ST					ADDRESS				
STREET ADDRESS										
CITY-ST-ZIP	FT LAUD, FL 00000		DELETE	1.4 CIT 2.1 TiT	_	1-2114			Change	Addition
TITLE	TD	L	DELETE	2.1 III 2.2 NA						ш.
NAME	BROWN, WM HARTLAND SR 1519 S E 13TH ST	n gara ga	_		_	ADDRESS		~ _{**} .	-	
STREET ADDRESS	FT. LAUDERDALE FL						•			
CITY-ST-ZIP	SD		DELETE	2. 4 CI 3.1 TII		13-217			□ Change	. Addition
TITLE	BROWN, ANNA-LENA SKYT	_	JOECETE	3.2 NA					_ ,	_
NAME CYDEET ADDOGES	1021 SE 8TH ST			i i		ADDRESS				
STREET ADDRESS	FT. LAUDERDALE FL			3.4. CF						
CITY-ST-ZIP	TT. LAUDENDALL TL		DELETE	4.1 TIT		1-214		······································	Change	☐ Addition
NAME		_		4. 2 N		-	Ÿ		_ ,	
						ADDRESS				
STREET ADDRESS	•			4.5 ST						
CITY-ST-ZIP			DELETE	5.1 TIT		-217			Change	☐ Addition
NAME				5.2 NA						_
STREET ADDRESS	1					ADDRESS				

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 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

O SIIRED SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Addition

Change