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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F49996

(4)

MANGUS NURSERY CORPORATION

FILED Feb 17 1997 8:00am Secretary of State



Principal Place of Bu	isiness	Mailing Add	iress					
11395 SW 248 ST P O BOX 4251 PRINCETON FL 33092		260 CRANDO UNIT 40						
			NE FL 33149-15					
		U\$		3. Date incorporated or C 10/08/1981	Qualified	3a, Date of L 03/22/19	ast Report 96	
Principal Place of Business		28. Mailing Address 26 260 CRANDON BUD.			4. FEI Number 59-2136769			Applied For Not Applica
Suite, Apt. #, etc.			ot. #, etc. 32	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State		City & St	ate hSCAUNE	. Fl.	Election Campaign Fin Trust Fund Contribution			.00 May Be
Zip	Country	Zip	1 - Jany	Country	8. This corporation has list			
	25	29 33/4		OSH	Florida Statutes		Yes 🔲 No	
	Name and Address of Curr	ent Registered Age	ent		10. Name and Address of	New Regi	stered Agent	
), WILFREDO			81 Name	VILFREDO BOR	Roto		•
	idon BLVD.				dress (P.Q. Box Number is Not	Acceptable)	
UNIT 40	AVNE EL 90140			83 20	GO CRANDON BU	-VD.	<u> </u>	
NET BISU	AYNE FL 33149			" S	vite 32 BOL	249		
				84 City V	L'ismue		FL 85	Zip Code 33/49
d Degree to the	respinings of Cooking 607.0	E02 and 607 1600 6	Clarida Ctatutar		y biscayne proporation submits this statemen	t for the pur		
office or register	red agent, or both, in the Sta	ite of Florida. Such o	change was au	thorized by the corpor.	tion's board of directors. I here	eby accept	the appointme	nt as registere
agent I am fam	Josephin and accept the only							
	mar with, and accept the ob-	ligations of, Section	607.0505, Flori	ida Statutes.				
IGNATURE:					willed when reinstation)		DATE -	
IGNATURE Signatur	e typed or profed name of registered	agent and title if applicable.		Registered Agent signature req	ADDITIONS/CHANGES	TO OFFICE	DATE RS AND DIREC	CTORS IN 12
IGNATURE Signatur 2.	e typed or profed name of registered	agent and title if applicable.		Registered Agent signature req	ADDITIONS/CHANGES	TO OFFICE		
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IGNATURE 2. TLE BME INEET AODRESS 174 - ST - ZIP LE	C typed or proted name of registered of OFFICERS A PROTO, WILFREDO 1 COMMODORE PLAZA	agent and title if applicable.	(NOTE:	Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES	.UD. Sc	rs and dred Diction 1914 82 183149	ange □ Add Box 24
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information indicated on this annual register 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 of process, or on an attachment with an address.

SIGNATURE:

11/9 305-361-6181