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 # G47811

1. Corporation Name

BIRDSALL GROWERS, INC.

FILED
Mar 06, 1999 8:00 am
Secretary of State
02.06.1000.00079.045.***150.00

03-06-1999 90078 045



Principal Place	of Business	Mailing Address							
% L. FRANK CHOPIN 440 ROYAL PALM WAY. STE 200 440 ROYAL PALM WAY. STE PALM BEACH FL 33480 PALM BEACH FL 33480						DO NOT WRIT	E IN THIS S	SPACE	
US				3. Date Incorporated or Qualifed					
						07/07/1983			
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number			olied For
21		26				59-2322715			Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			
City & State City & State						6. Election Campaign Financing		\$5.00 r	-
23		28				Trust Fund Contribution		Added to	rees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curre		ngible ∡⊋Yes	□No
24	25	29	30			Personal Property Tax. 10. Name and Address of New Ro		LAL .	
	9. Name and Address of Curren	t Registered Agent		81 Na	me	10. Name and Address of New Ki	gliste en F	Merit	
0.10	Dut 1 504411/			\ \					
CHOPIN, L. FRANK				82 St	reet Addre	ss (P.O. Box Number is Not Acceptal	ole)	-	•
	ROYAL PALM WAY, STE 300			-			 -		
	E 200			83					
PALN	I BEACH FL 33480	,		84 Ci	ty			85 Zip C	ode
				<u> </u>			<u>FL</u>	ــــــــــــــــــــــــــــــــــــــ	
office or re agent. I ar	o the provisions of Sections 607.050 agistered agent, or both, in the State in familiar with, and accept the obliga				corporation	ration submits this statement for the pairs board of directors. I hereby accept	the appoin	tment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered	Agent sign	ature required	when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	
TITLE	PVPD	XX DELETE	1.1 TI	TLE	PV	PD	2	Change	Addition
NAME	BIRDSALL III, JOHN H.		12 N	AME	Bi	rdsall III, John H.			
STREET ADDRESS	253 ESPLANADE WAY	,	1.3 S	TREET ADD	RESS 440	Royal Palm Way, Su	ite 20	0	
CITY-ST-ZIP	PALM BCH, FL 00000		1.4 C	TY-ST-ZIP	Pa	1m Reach, FL 33480			
TITLE	SD	☐ DELETE	2.1 Ti	TLE				☐ Change	☐ Addition
NAME	CHOPIN, L.FRANK	`	2.2 N	AME					
STREET ADDRESS	440 ROYAL PALM WAY STE 2	00	235	TREET ADD	RESS	•			
CITY-ST-ZIP	PALM BCH, FL 00000		2.40	ITY-ST-ZIP	·				
TITLE	D	XX DELETE	3.1 T	TLE	D		;	xx Change	☐ Addition
NAME	SORY, CAROLINE B		3.2 N	AME	So	ry, Caroline B.			
STREET ADDRESS	134 COCOANUT ROW		3.3 S	TREET ADD	RESS 44	O Royal Palm Way, S	uite 2	00	
CITY-ST-ZIR	PALM BCH, FL 00000			ITY-ST-ZIF		lm Beach,F1 33480			
TITLE		☐ DELETE	4.1 T					Change	Addition
NAME			4.21	IAME					
STREET ADDRESS			4.3 \$	TREET ADD	RESS				
CITY-ST-ZIP			4.4 0	ITY-ST-ZIP		_			
TITLE		DELETE	5.1 T					Change	Maddition
NAME			5.2 N	AME		•			
STREET ADDRESS			5.3 S	TREET ADD	RESS				
CITY-ST-ZIP			5.4 C	ITY-ST-ZIP	1				
TITLE		DELETE	6 1 T	ITLE	-+-			[] Change	☐ Addition
NAME			6.2 N	AME	- [
STREET ADDRESS			6.3 S	TREET ADD	RESS				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			ı	ITY-ST-ZIP	l l				
CITY-ST-ZIP	1								

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 conformation of the receiver or trustee en floyed do 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 entering with all other like empowered.

SIGNATURE:

(561)655-9500