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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G75234

1. Corporation Name

GOLD LEAF NURSERY, INC

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Principal Place	e of Business	Mailing Address			T (BB))(1) DB)) (BB)) BY)(0) (1,000)(1)	i didi didik dibik bid	iki minik minil minil indi
11275 ACME D	AIRY RD	P O BOX 740727					
P. O. BOX 3150 BOYNTON BEACH FL 33474			1				
BOYNTON BEACH FL 33424 US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
		1 - 14 10			12/15/1983		
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	.	Applied For	
Suite, Apt. #, etc.		Suite Act # etc		59-2361198		Not Applicable	
		Suite, Apt. #, etc.		5. Certifcate of Status Desired	1 1	.75 Additional	
City & Stat		City & State			 		
City & State		<u>⊢</u> , '		Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be	
Zip	Country	Zip	Country		111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		dded to Fees
	25		30		This corporation owes the current Personal Property Tax.	nt year intangibi ∏ Ye	_
24	9. Name and Address of Curren		30]		10. Name and Address of New Re		
	5. Hallo alla Adalesa di Gariol	:	81	Name	10. Hallic and Addiess of New Re-	gistorea Agent	
LOG	AN, ANDREW S						
6601 N E 21 DR			82	Street Addre	ess (P.O. Box Number is Not Acceptabl	le)	
FT L	AUDERDALE FL 33308		83				10 (1 de 1900) (1 de 1900)
			00				
			84	City		FL 85	Zip Code
44 Diminat	to the provinces of Sections 607 050	2 and 607 1509. Elorida Statuto	a the above	named same	pration submits this statement for the pu		ing its registered
office or readent.	registered agent, or both, in the State m:familiar with; and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized by t da Statutes.	the corporation	n's board of directors. I hereby accept t	the appointment	as registered
SIGNATURE	<u> </u>						
							
				signature required	when reinstating)	DATE	ECTORS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIR	
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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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

01/05/99

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90005 048 ***150.00

561-736-6693 Daytime Phone # CK2E034 (11/98)