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 PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G83016

Corporation Name

SABAL OAK NURSERY, INC

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631 NE 18TH AVE. FT. LAUDERDALE FL 33304		631 NE 18TH AVE. FT. LAUDERDALE FL 33304									
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					}	1 D	ate Incorporated or			, , , , , , , , , , , , , , , , , , , 	
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2 Principal P	Place of Rusiness	2a. Mailing Address					I <u>Z/UZ/ I304</u> El Number			- т	4ti-d For
2. Principal Place of Business			-			1	•			L-4-	Applied For
Suite Ant # etc		26 Suita Apt # eta				o	9-2400451				Not Applicable
Suite, Apt. #, etc.		 	Suite, Apt. #, etc.			5. C	ertifcate of Status D	Desired			5 Additional
City & State		27 City 8 Ct-4-	Oite 9 Chata			ļ			-		Required
City & State		<u></u>	City & State				lection Campaign F	-			0 May Be
23		28	<u> </u>				rust Fund Contributi			•••	d to Fees
Zip	Country	Zip	Coun	itry			his corporation owe		rent year In		
24	25	29	30				ersonal Property Ta			Yes	□No
	9. Name and Address of Current	Registered Agent		24		10. N	lame and Address	of New	Registered	Ægent	
eto	MOTELLI IOUN		'	81	Name						
	PRELLI, JOHN		82 Street Ad		Street Addres	ss (P.O). Box Number is No	t Accept	able)		
	NE 18 AVE.								,		<u></u>
FI.	LAUDERDALE FL 33304		1	83							
			1	84	City		1.		FI	85 Zi	p Code
11. Pursuant	to the provisions of Sections 607,0502	2 and 607.1508, Florida Statut	es, the abo	ove-r	named corpora	ration s	ubmits this stateme	nt for the	nurbose o	f changing	its reaistered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	of Florida. Such change was a	uthorized I	by th	e corporation's	s boar	d of directors. I here	eby acce	pt the appo	intment as	registered
agent. i a	am familiar with, and accept the obligati	ions of, Section 607.0505, Floi	nda Statut	tes.							
l											
SIGNATURE	Classical based or printed name of registered agent	time if applicable (NOTE	Conintered A	ant e	atture required uit	raine			PATE		
	Signature, typed or printed name of registered agent	**	<u> </u>	Agent s	gnature required wi			e TO OF	DATE	ייט טופבט	TODS IN 12
12.	OFFICERS AND	D DIRECTORS	13.		gnature required wi		DITIONS/CHANGE	S TO OF			
12.	OFFICERS AND	**	13.	.E	gnature required wi			S TO OF		ND DIREC	
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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 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/99 (957)728-8576

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90022 006 ***150.00

:R2E034 (11/98)