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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # **H75517**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State

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	PLANTATION, INC.								
Principal Pla	ice of Business	Mailing Address			_	((88(8() 81)) (8 se alia: 21) (8 ()	105/ 214/1 614/1	41411 41611	91651 01011 1001
367 S GULPH		367 S GULPH RD				,			
PO BOX 61558		PO BOX 61558	···		,	DO NOT WRIT	E IN THIS S	SPACE	
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03		00			l l	09/11/1985			ļ
2 Drinning	Place of Business	2a. Mailing Address				4. FEI Number		11	Applied For
<u> </u>	Place of business	⊢ •			- 1	23-2366551		⊢ ∤	Not Applicable
21 Suite, Ar	t # ata	Suite, Apt. #, etc.				23-2300331			Additional
22	nt. #n, €10. 	27				5. Certifcate of Status Desired	. 🗖.	+	Required
City & St	ato	City & State				6. Election Campaign Financing			0 May Be
23	4.0	28			l	Trust Fund Contribution			to Fees
Zip	Country		Country	,		8. This corporation owes the cum	ent vear Inta		
24	25	29 3	_ `			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre		-			0. Name and Address of New R	egistered A	gent	-
	A STATE OF THE STA		81	Name		***************************************			
CT (CORPORATION SYSTEM	•	-		4 11	(0.0.0	4.1.1		
120) S. PINE ISLAND ROAD		82	Street	Addless	(P.O. Box Number is Not Accepta	inie)		
PLA	NTATION FL 33324		83	1					
			84	City			FL	85 Zip	Code
agent. i	an farma with, and accept the obligi	ations of, Section 607.0505, Florid	la Statutes	3.		ion submits this statement for the board of directors. I hereby accept			
SIGNATUR	E Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	egistered Age	3.		an reinstating)	DATE		
SIGNATUR	E Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	egistered Age	3.				DIRECT	ORS IN 12
SIGNATUR 12.	Signature, typed or printed name of registered ag OFFICERS AI	ent and title if applicable. (NOTE: R	egistered Age 13. 1.1 TITLE	3.		an reinstating)			ORS IN 12
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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:

SIOMATURE REQUIRED