## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1998			Secretary of State  DIVISION OF CORPORATIONS				Ì	Secretary of State			
DOCU 1. Corporatio ALL AN	n Name	# <b>J1255</b> 0 NURSERY, INC.	8	(9)	******							
Principal Plac	o of Pusinoss		1.4	alling Address				-		en allu eien iv		
Principal Place of Business 2883 RICKENBACKER TRAIL DAYTONA BCH. FL 32124				Mailing Address 2883 RICKENBACKER TRAIL DAYTONA BCH. FL 32124					DO NOT WRITE IN THIS	S SPACE	ं अस्य	
									3. Date Incorporated or Qualified 05/01/1986		-	
2. Principal P	lace of Busin	ess	<del></del>	Mailing Address					4. FEI Number	<del></del>	polied For	
21	H oto		26	Cuite And # ote					59-2673239		ot Applicable	
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional equired	
City & Stat	е		28	City & State					6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip		Country	201	Zip	Cou	intry			This corporation owes or has paid the corporation of the corporat			
24		25 and Address of Curre	29 nt Regis	tered Agent	30				Personal Property Tax due June 30.  Name and Address of New Registered		No	
ΔM	CK, PAUL I		1109.0	Toron Agent		81	Name		D. Hame and Medicas of New Medicales	. rigoni		
	B3 RICKENE					82	Street A	Adrage	(P.O. Box Number is Not Acceptable)			
DA	YTONA BCI	i. FL 32124					Olleel		(1.5, box rumber is 100 Acceptable)			
						83						
						84	City		FI	<b>85</b> Zip	Code	
11. Pursuant	to the provision	ons of Sections 607.050	02 and 60	07.1508, Florida Statut	es, the at	DOVE	-named c	corpora	tion submits this statement for the purpose s board of directors. I hereby accept the ap	of changing i	its registered	
agent. I a	egistered age m familiar wit	nt, or both, in the State h, and accept the oblig	ations of	ia. Such charige was a , Section 607.0505, Flo	autnorized orida Stat	utes	ine corpo 3.	oration	s board of directors, I hereby accept the ap	ipointment as	registered	
SIGNATURE	Closet as broad	or printed name of registered ag	ant and little	Facetonia (NOT	E: Basislaror	1 000	nt pignah sa sa	sequired u	hen reinstating) DATE			
12.	Signature, types	OFFICERS AN			13.	a Ago	in agradie it	Toquilou H	ADDITIONS/CHANGES TO OFFICERS AN	ID BECTO	RS IN 12	
TITLE	PT			DELETE	1.1 717	TLE.				L Change	Addition	
NAME	MACK, P				1.2 NA							
STREET ADDRESS		KENBACKER TRAIL A BEACH FL 32124			1		ADDRESS					
CITY-ST-ZIP	VS	N DENOTE TE SETE		L DELETE	1.4 CI 2.1 TIT		T-ZIP			Change	Addition	
NAME		ATRICIA J		<u></u>	2.2 NA							
STREET ADDRESS	2883 RIC	KENBACKER TRAIL			2.3 ST	REET	ADDRESS					
CITY-ST-ZIP	DAYTON	A BEACH FL 32124			2. 4 CI		T-ZIP			,		
TITLE				☐ DELETE	3.1 117					∐ Change	Addition	
NAME					3.2 NA							
STREET ADDRESS CITY-ST-ZIP					3.3 ST 3.4, CI		ADDRESS				-	
TITLE				DELETE	4.1 717		1-21			Change	Addition	
NAME					4.2 N	AME	1				l	
STREET ADDRESS					4.3 ST	REET	ADDRESS					
CITY - ST - ZIP		<del>-</del> ·		T select	4.4 CT		r-zip			- C		
TITLE				DELETE	5.1 TIX					Change	Addition	
NAME STREET ADDRESS					5,2 NA 5,3 ST		ADDRESS				}	
CITY-ST-ZIP					5.4 CI							
TITLE				DELETE	6.1 YII					Change	Addition	
NAME					6.2 NA	ME	ļ					
STREET ADDRESS					6.3 ST	REET	ADDRESS					
CITY-ST-ZIP					6.4 CJT	Y-SI	-ZiP					

14. I hereby certify that the information supplied with this filling 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?

SIGNATURE:

**FILED** 

Jan 15 1998 8:00am