## 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** 

## Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90022 034 \*\*\*158.75

## DOCUMENT # K22662

<ol> <li>Corporation</li> </ol>	Name	_					
J.R.'S NURSERY & EQUIPMENT, INC.							
					! (CRIDIA DE 11910 (1919 D)   1 1110 (1914 D)		
	•						
Principal Place	e of Business	Mailing Address				iii didii ditii eisii s	(21) 61611 1651
% ANGELO MIELE. JR. % ANGELO MIELE. JR.							
P.O. BOX 8006 P.O. BOX 9006					DO NOT WRITE IN TH	IIS SPACE	
PEMBROKE PINES FL 33084 PEMBROKE PINES FL 33084					3. Date Incorporated or Qualifed		
					05/04/1988		
2. Principal Place of Business 2a. Mailing Address		<del></del> -		4. FEI Number	Apr	plied For	
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				65-0056393	Not	t Applicable	
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.			<del></del>			\$8.75 A	dditional
22		27			5. Certificate of Status Desired	Fee Rec	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28				Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25	29 3	10		Personal Property Tax.		□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Register	ed Agent	
A 415-1	E ANCELO ID		81	Name			
MIELE, ANGELO, JR.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
5251 S.W. 49TH ST DAVIE FL 33314					·	****	
DAVI	E FL 33314		83				j
			84	City		85 Zip C	Code
							registered
office or re	edistered agent of both in the State	e of Fiorida. Such change was aut	nonzea ov	the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	pointment as req	gistered
anent I a	m familiar with, and accept the oblig	estions of Section 607 0505. Florid	ta Statutes				
agent. I a		pations of, occitor our today, Florid		-			
SIGNATURE					when reinstating) DATE	<del> </del>	
SIGNATURE	Signature, typed or printed name of registered age			it signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable, (NOTE: R	Registered Agen			AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	tegistered Agen				
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOTE: R	13.	at signature required			
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agr OFFICERS AI D MIELE, ANGELO, JR.	ent and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME	at signature required		☐ Change	☐ Addition
SIGNATURE  12.  ITILE  NAME	Signature, typed or printed name of registered age OFFICERS AI D MIELE, ANGELO, JR. 5251 S.W. 49TH ST	ent and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET	at signature required			
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI D MIELE, ANGELO, JR. 5251 S.W. 49TH ST	nent and title if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	at signature required		☐ Change	☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered age OFFICERS AI D MIELE, ANGELO, JR. 5251 S.W. 49TH ST	nent and title if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	nt signature required  T ADDRESS  T-ZIP		☐ Change	☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AI D MIELE, ANGELO, JR. 5251 S.W. 49TH ST	nent and title if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME	of signature required  T ADDRESS  T ADDRESS		☐ Change	☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI D MIELE, ANGELO, JR. 5251 S.W. 49TH ST	nent and title if applicable. (NOTE: R ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	of signature required  T ADDRESS  T ADDRESS		☐ Change	☐ Addition
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CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

963-3912