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CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # K33093**

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90089 001 \*\*\*150.00

| 1. Corporation   | NY GROWERS, INC.  |                                       |                            |        |  |  |                   |                    |
|--|---|---------------------------------------|----------------------------|--------|--|--|-------------------|--------------------|
| Principal Place of Business Mailing Address  |   |                                       |                            |        |  |  | ****** 6:2:* 5:5: | ,                  |
| 9771 87 PLACE SOUTH BOYNTON BCH FL 33437  9771 87 PLACE SOUTH BOYNTON BEACH FL 33437 |   |                                       |                            |        |  |  |                   |                    |
| US US  |   |                                       |                            |        |  | DO NOT WRITE IN THIS SPACE   |                   |                    |
|  |   |                                       |                            |        |  | 3. Date incorporated or Qualifed 09/14/1988  |                   |                    |
| Principal Place of Business     2a. Mailing Address                                  |   |                                       |                            |        |  | 4. FEI Number  | A                 | pplied For         |
| 21   |   |                                       |                            |        |  | 65-0081391   |                   | ot Applicable      |
| - Suite, Apt. #, etc   |   |                                       | <u>ـ ينيد</u> ر، بدر سيس د |        |  | -5. Certifcate of Status Desired   |                   | Additional equired |
| City & Stat  | 0   | City & State                          | City & State               |        |  | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  |                   |                    |
| Zip  | Country 25  |                                       |                            | ountry |  | This corporation owes the current year Intersonal Property Tax.  | angible<br>Yes    | □No                |
| 24   | 9. Name and Address of Current  |                                       | <del>50</del> 1            |        |  | 10. Name and Address of New Registered   | Agent             |                    |
|  | . J. Hanne and Address of Culterin  | · · · · · · · · · · · · · · · · · · · |                            | 81     | Name   |  |                   |                    |
| BURGER, JEFFREY A.<br>9771 87 PLACE SOUTH  |   |                                       | ļ                          | 82     | Street Address (P.O. Box Number is Not Acceptable) |  |                   |                    |
| BOYNTON BEACH FL 33437   |   |                                       | )                          | 83     | <del></del>  |  |                   |                    |
|  |   |                                       |                            |        |  |  |                   |                    |
|  |   |                                       |                            | 84     | City   | FL   | _ (               | Code               |
| SIGNATURE  | registered agent, or both, in the State of<br>im familiar with, and accept the obligation<br>Signature, typed or printed name of registered agent<br>OFFICERS AND | and title if applicable. (NOTE:       |                            |        | signature required                                 | oration submits this statement for the purpose of in's board of directors. I hereby accept the appointment of the purpose of the statement of the purpose of in's board of directors. I hereby accept the appointment of the purpose of |                   |                    |
| 12.  | DP OFFICERS AND   | DELETE                                | 1,1 117                    |        |  | ADDITIONAL PROPERTY OF THE PRO | Change            |                    |
| TITLE<br>NAME  | BURGER, JEFFREY A.  |                                       | 1.2 NA                     |        | . }  | · · · · · ·  |                   | Í                  |
| STREET ADDRESS   | 9771 87 PLACE SOUTH   | ••                                    | 1                          |        | ADDRESS  |  |                   |                    |
| CITY-ST-ZÎP  | BOYNTON BEACH FL 33437  |                                       | 1                          | TY-ST- | ì  | •  |                   |                    |
| TITLE  | DT  | ☐ DELETE                              | 2.1 TIT                    |        |  |  | Change            | ☐ Addition         |
| NAME   | BURGER, LELEND H.   |                                       | 2.2 NA                     | WE     | ĺ  | •  |                   |                    |
| STREET ADDRESS   | 9771 87 PLACE SOUTH   |                                       | 2.3 ST                     | REET   | ADDRESS  |  |                   | ·                  |
| -CITY-ST-ZIP   | BOYNTON BEACH FL 33437  |                                       | 2. 4 CI                    | TY-ST  | i-ziP  | <u> </u>   |                   |                    |
| TITLE  | DS  | ☐ DELETE                              | 3.1 111                    | ĪLE    |  | and the second s | [-] Change        | Addition           |
| NAME   | Burger, Ruth A.   |                                       | 32 N                       | ME     | • [  | •  |                   | •                  |
| STREET ADDRESS   | 9771 87 PLACE SOUTH   |                                       | 3.3 \$7                    | REET   | ADDRESS  | •  |                   |                    |
| CITY-ST-ZIP  | BOYNTON BEACH FL 33437  |                                       |                            | TY-ST  | -ZIP   |  | F7 Changa         | D Addition         |
| TITLE  |   | ☐ DELETE                              | 4.1 T/I                    |        |  |  | ☐ Change          | . [_] Addition     |
| NAME   | 1.75  |                                       | 4. 2 N                     |        | 1000505  | ·  | •                 |                    |
| STREET ADDRESS   |   |                                       |                            |        | ADDRESS  |  |                   |                    |
| CITY-ST-ZIP  | ļ   | ☐ DELETE                              | 5.1 TI                     | TY-ST  | ·ZIP   |  | Change            | Addition           |
| TITLE  |   | ل المستاد                             | 5.7 N/                     |        | }  |  |                   | <del>-</del>       |
| NAME<br>CTREET ADORESC   | <u>[ </u>   | :                                     |                            |        | ADDRESS  | ; ·  |                   |                    |
| STREET ADDRESS   |   |                                       |                            | TY-ST  |  |  |                   |                    |
| CITY-ST-ZIP<br>TITLE   | <del>                                     </del>  | DELETE                                | 6.1 17                     |        | <del></del>  |  | Change            | Addition           |
| NAME   |   | <del>-</del> .                        | 6.2 N                      | WE     | [  |  |                   | •                  |
| STREET ADDRESS   | }   |                                       | 6.3 \$1                    | TREET  | ADDRESS  |  |                   |                    |
| CITY-ST-7IP  | <b>]</b>  |                                       | 6.4 CI                     | TY-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.