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

PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	INEN # K92048						
	AST TROPICAL NURSERY, II	NC.					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10.		1 1 6813 611 313 1811 6 18 3 11 30 118 1	LEGGE (DEL GREEN BEGREE)		LIDII DYDY IDDI
1 . '	ce of Business	Mailing Address					
C/O JUDITH L		C/O JUDITH L. JOHNSON 5835 RIVERSIDE DRIVE					
5835 RIVERSIDE DRIVE 5835 RIVERSIDE DRIVE MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951			951	. DO NOT WR	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed	1 ·		
L				06/01/1989			
└ `	Place of Business	2a. Mailing Address		4. FEI Number			plied For
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		59-3018841	•		t Applicable Additional
22	·	27		5. Certifcate of Status Desired		Fee Re	
City & Sta	ite	City & State		6. Election Campaign Financing		\$5.00	May Be
23		28		Trust Fund Contribution		Added to	o Fees
Zip	Country 25	Zip 29 3	Country 30	8. This corporation owes the cur	<u> </u>		Пы
24)	9. Name and Address of Current		30	Personal Property Tax. 10. Name and Address of New			□No
			81 Name				
	INSON, JUDITH L.	* * 4	82 Street Addr	ess (P.O. Box Number is Not Accept	ahle)		
5835 RIVERSIDE DRIVE MELBOURNE BEACH FL 32951						3.8	
j ivicu	LOURINE BEACH PL 32931	•	83				
			84 City	The same of the sa	 8:	5 Zip C	ode
1					FL		
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	s the above-named corn	oration submits this statement for the	nurnosa of char	aina ita	rogistorod
··· · ○office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	f Florida. Such change was aut	thorized by the corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose of char pt the appointme	nging its i nt as reg	registered gistered
agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Such change was aut	thorized by the corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose of char pt the appointme	nging its i nt as reg	registered gistered
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation Signature, typed or printed name of registered agent	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R	thorized by the corporation	on's board of directors. I hereby acce	e purpose of char pt the appointme 	nging its i	registered pistered
signature 12.	registered agent, or both, in the State of am familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Floridand title if applicable. (NOTE: R) DIRECTORS	thorized by the corporation da Statutes. Registered Agent signature required 13.	on's board of directors. I hereby acce d when reinstating) ADDITIONS/CHANGES TO OF	pt the appointme DATE FICERS AND D	nt as reg	pistered
signature 12.	registered agent, or both, in the State of am familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND PSD	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE	on's board of directors. I hereby acce	pt the appointme DATE FICERS AND D	nt as reg	gistered
SIGNATURE 12. TITLE NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of registered agent. OFFICERS AND PSD JOHNSON, JUDITH L.	ons of, Section 607.0505, Floridand title if applicable. (NOTE: R) DIRECTORS	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	on's board of directors. I hereby acce d when reinstating) ADDITIONS/CHANGES TO OF	pt the appointme DATE FICERS AND D	nt as reg	pistered
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent of STECERS AND JOHNSON, JUDITH L. 5835 RIVERSIDE DRIVE	ons of, Section 607.0505, Floridand title if applicable. (NOTE: R) DIRECTORS	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	on's board of directors. I hereby acce d when reinstating) ADDITIONS/CHANGES TO OF	pt the appointme DATE FICERS AND D	nt as reg	pistered
SIGNATURE 12. TITLE NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of registered agent. OFFICERS AND PSD JOHNSON, JUDITH L.	ons of, Section 607.0505, Floridand title if applicable. (NOTE: R) DIRECTORS	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	on's board of directors. I hereby acce d when reinstating) ADDITIONS/CHANGES TO OF	pt the appointme	nt as reg	pistered
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent of STECERS AND JOHNSON, JUDITH L. 5835 RIVERSIDE DRIVE	if Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: R) DIRECTORS DELETE	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	on's board of directors. I hereby acce d when reinstating) ADDITIONS/CHANGES TO OF	pt the appointme	IRECTOR	RS IN 12
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent of STECERS AND JOHNSON, JUDITH L. 5835 RIVERSIDE DRIVE	if Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: R) DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	on's board of directors. I hereby acce d when reinstating) ADDITIONS/CHANGES TO OF	pt the appointme	IRECTOR	RS IN 12
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent of STECERS AND JOHNSON, JUDITH L. 5835 RIVERSIDE DRIVE	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	on's board of directors. I hereby acce d when reinstating) ADDITIONS/CHANGES TO OF	pt the appointme	IRECTOR Change	RS IN 12 Addition
office or ragent. I a gent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent of STECERS AND JOHNSON, JUDITH L. 5835 RIVERSIDE DRIVE	if Florida. Such change was autons of, Section 607.0505, Floridand title if applicable. (NOTE: R) DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE	on's board of directors. I hereby acce d when reinstating) ADDITIONS/CHANGES TO OF	pt the appointme	IRECTOR	RS IN 12
office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent of STECERS AND JOHNSON, JUDITH L. 5835 RIVERSIDE DRIVE	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	on's board of directors. I hereby acce d when reinstating) ADDITIONS/CHANGES TO OF	pt the appointme	IRECTOR Change	RS IN 12 Addition
office or ragent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent of STECERS AND JOHNSON, JUDITH L. 5835 RIVERSIDE DRIVE	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	on's board of directors. I hereby acce d when reinstating) ADDITIONS/CHANGES TO OF	pt the appointme	IRECTOR Change	RS IN 12 Addition
office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent of STECERS AND JOHNSON, JUDITH L. 5835 RIVERSIDE DRIVE	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	on's board of directors. I hereby acce d when reinstating) ADDITIONS/CHANGES TO OF	pt the appointme	IRECTOR Change	RS IN 12 Addition
office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent of STECERS AND JOHNSON, JUDITH L. 5835 RIVERSIDE DRIVE	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	on's board of directors. I hereby acce d when reinstating) ADDITIONS/CHANGES TO OF	pt the appointme	IRECTOR Change Change	RS IN 12 Addition Addition
office or ragent. I a gent. I a signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent of STECERS AND JOHNSON, JUDITH L. 5835 RIVERSIDE DRIVE	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	on's board of directors. I hereby acce d when reinstating) ADDITIONS/CHANGES TO OF	pt the appointme	IRECTOR Change Change	RS IN 12 Addition Addition
Office or agent. I a agent. I a signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent of STECERS AND JOHNSON, JUDITH L. 5835 RIVERSIDE DRIVE	if Florida. Such change was autons of, Section 607.0505, Florid and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	on's board of directors. I hereby acce d when reinstating) ADDITIONS/CHANGES TO OF	pt the appointme	IRECTOR Change Change	RS IN 12 Addition Addition Addition
office or agent. I a signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent of STECERS AND JOHNSON, JUDITH L. 5835 RIVERSIDE DRIVE	ons of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	on's board of directors. I hereby acce d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND D	IRECTOR Change Change	RS IN 12 Addition Addition
Office or agent. I a signature 12. Title Name STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent of STECERS AND JOHNSON, JUDITH L. 5835 RIVERSIDE DRIVE	if Florida. Such change was autons of, Section 607.0505, Florid and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE DELETE	Thorized by the corporation of t	on's board of directors. I hereby acce d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND D	IRECTOR Change Change Change	RS IN 12 Addition Addition Addition
Office or agent. I a agent. I a signature 12. Title Name STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent of STECERS AND JOHNSON, JUDITH L. 5835 RIVERSIDE DRIVE	if Florida. Such change was autons of, Section 607.0505, Florid and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE DELETE	thorized by the corporation da Statutes. Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	on's board of directors. I hereby acce d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND D	IRECTOR Change Change Change	RS IN 12 Addition Addition Addition
Office or agent. I a signature 12. Title Name STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	if Florida. Such change was autons of, Section 607.0505, Florid and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE DELETE	Thorized by the corporation of t	on's board of directors. I hereby acce d when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND D	IRECTOR Change Change Change	RS IN 12 Addition Addition Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Jan 30, 1999 8:00am

Secretary of State

01-30-1999 90003 019 ***150.00

/-10-99 407 727 0929
Date Daytime Phone #