COF	PROFIT PORATION JAL REPORT 1998	Sandre B Secretar	RTMENT OF STATE Mortham y of State CORPORATIONS		998 8:00ar ry of State
DOCUI	MENT # L3477; Name NA ROAD NURSERY, INC.	3 (6)			
			, <del></del> ,		
Principal Place C/O JEFF TO 626 S.E. 4TH BOYNTON BE	MBERG	Mailing Address 5299 LANTANA RD 626 S.E. 4TH ST. LAKE WORTH FL 33463		DO NOT WRITI	E IN THIS SPACE
0011101102		US		3. Date Incorporated or Qualified	
-n ·	lace of Business	2a. Maiting Address		12/05/1989 4. FEI Number	Applied For
Suite, Apt.	#, etc.	26 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2 City & State	3	27 City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution  8. This corporation owes or has p.	Added to Fees
4	25	29	30	Personal Property Tax due June	e 30. 🗌 Yes 🔲 No
TO	9. Name and Address of Curren MBERG, JEFF	nt Registered Agent	81 Name	10. Name and Address of New Re	egistered Agent
626	B S.E. 4TH ST.		82 Street Add	dress (P.O. Box Number is Not Accepta	ble)
BÓ	YNTON BEACH FL 33435		83		
			84 City		85 Zip Code
11. Pursuant I	to the provisions of Sections 607 050	)2 and 607, 1508, Florida Statuti	84 City	rporation submits this statement for the	FLII
SIGNATURE			84 City	rporation submits this statement for the ation's board of directors. I hereby acce	FLII
SIGNATURE	Stonature, typod or printed name of registered ag	ent and tille it applicable (NOT	84 City ss, the above-named con uthorized by the corpora rida Statutes.	uired when reinstating)	PL   purpose of changing its registered pot the appointment as registered
SIGNATURE	Signature, typoid or printed name of registered age OF FICE RS AN		84 City ss, the above-named con uthorized by the corpora rida Statutes.		PL   purpose of changing its registered pot the appointment as registered
SIGNATURE	Signature, typed or privited name of registered ap OFFICERS AN STD TOMBERG, JEFF	ent and title it applicable (NOTE ID DIRECTORS	B4 City     Ss, the above-named coil     Inthorized by the corpora     Statutes.     Registered Agent signature requ     13.     1.1 TILE     1.2 NAME	uired when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE	Signature, typoid or printed name of registered age OF FICE RS AN	ent and tilk it applicable (NOTE ID DIRECTORS	B4 City     Ss, the above-named con     Uthorized by the corpora     rida Statutes.     Registered Agent signature requ     13.     1.1 ITLE	uired when reinstating)	PL     purpose of changing its registered     pare     DATE     CERS AND DIRECTORS IN 12     Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or privited name of registered ap OFFICERS AN STD TOMBERG, JEFF 626 S.E. 4TH ST. BOYNTON BEACH FL DP	ent and title it applicable (NOTE ID DIRECTORS	84     City       ss, the above-named coinuthorized by the corporative statutes.     Interpret to the corporative required a statutes.       Registered Agent signature required a statutes.     Interpret to the signature required a statutes.       13.     Interpret to the signature required a statutes.       13.     Interpret to the signature required a statutes.       14.     Interpret to the signature required a statute.       13.     Interpret to the signature required a statute.       13.     Interpret to the signature required a statute.       14.     Interpret to the signature.       21.     Interpret to the signature.	uired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition
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