

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M42423** (7)

1. Corporation Name

GRAPEYARD NURSERY, INC.



Principal Place of Business

C/O ANTHONY Z. HUIJBER
270 N.W. 127TH AVE.
MIAMI FL 33182-1116

Mailing Address

C/O ANTHONY Z. HUIJBER
270 N.W. 127TH AVE.
MIAMI FL 33182-1116

3. Date Incorporated or Qualified
12/01/1986

3a. Date of Last Report
02/07/1995

2. Principal Place of Business
21 **16701 S.W. 200. St.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **16701 S.W. 200 St.**
Suite, Apt. #, etc.

4. FEI Number
59-2802690

Applied For
☒ Not Applicable

22 City & State
23 **MIAMI FLORIDA**

27 City & State
28 **MIAMI FLORIDA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 Zip Country
25 **33187**

29 Zip Country
30 **33187**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUIJBER, ANTHONY Z.
270 N.W. 127TH AVE.
MIAMI FL 33182**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP HUIJBER, STEVE J.**
STREET ADDRESS **270 N.W. 127TH AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **T HUIJBER, ANTHONY Z.**
STREET ADDRESS **270 N. W. 127TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **D HUIJBER, ISTVAN**
STREET ADDRESS **6460 S.W. 129 PL #1814**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **S HUIJBER, THOMAS C.**
STREET ADDRESS **270 N. W. 127TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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-03/01/96--01019--024
*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Anthony Hujber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 15, 1996
Date

252-8524
Daytime Phone #

CR2E034 (12/95)