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

FILED Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # M42423 (7) GRAPEYARD NURSERY, INC. Principal Place of Business Mailing Address C/O ANTHONY Z. HUJBER C/O ANTHONY Z. HUJBER 270 N.W. 127TH AVE 270 N.W. 127TH AVE. DO NOT WRITE IN THIS SPACE MIAMI FL 33182-1116 MIAMI FL 33182-1116 3. Date Incorporated or Qualified 12/01/1986 2. Principal Place of Business 2a. Mailing Address Applied For 21 CXO ISTVAN HUJREI 26 0/0 15TO AN HUJEER 59-2802690 Not Applicable Suite, Apl #, etc. 16701 SW Suite, Apt. \$8.75 Additional 5. Certificate of Status Desired 200 th 200th st Fee Required 22 City & State Wiami. 11 XXXXXX City & State \$5.00 May Be 6. Election Campaign Financing Tiami, 23 Trust Fund Contribution Added to Fees Zip Country Zip 8. This corporation owes or has paid the current year Intangible 33107 Yes 24 29 Dade Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HUJBER, ANTHONY Z. Hujber 270 N.W. 127TH AVE. Street Address (P.O. Box Number is Not Acceptable) 82 1814 MIAMI FL 33182 83 85 Zip Code 33/83 84 City Niami 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. Lam familiar with, and accept the obligations of, Section 607.0505 planta Statutes. 26 1998 Hujber FEB. SIGNATURE Istvan ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change \_\_\_ Addition 1.1 TITLE TITLE HUJBER, STEVE J. 1.2 NAME NAME 270 N.W. 127TH AVE. STREET ADORESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 14 CITY-ST-ZIP Z DELETE Change Addition 21 TITLE TITLE NAME HUJBER, ANTHONY Z. 2 2 NAME STREET ADDRESS 270 N. W. 127TH AVENUE 2 3 STREET ADDRESS MIAMI FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE HUJBER, ISTVAN 3.2 NAME NAME 6460 S.W. 129 PL #1814 STREET ADDRESS 3 3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE 4.1 THLE Addition TITLE HUJBER, THOMAS C. 4 2 NAME NAME Hujber Sw. Thomas STREET ADDRESS 270 N. W. 127TH AVENUE 4.3 STREET ADDRESS Miami,

CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 it chapter (or an attackness) and the receiver or trustee employeered 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 ac-

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CiTY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

ISTVAN HUJBER SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY + ST - ZIP

NAME

TITLE

NAME

MIAMI FL

Feb. 26 1998

Change

Change

Addition

Addition