PROFIT CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Kathorine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCU	MENT # M8632	5			
1. Corporation	NAME NARINE SUPPLY OF GREE!				
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Principal Place	e of Business	Mailing Address	i	12.	,
230 CORWIN ST	TREET	230 CORWIN STREET BOX 2103			
BOX 2103 GREENPORT NY	Y 11944	GREENPORT NY 11944		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
				06/21/1988	Applied For
<del></del>	lace of Business	2a. Mailing Address		4. FEI Number 65-0055835	Applied For Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	#, BIG.	27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		-6. Election Campaign Financing	\$5.00 May Bc
23		28	, <u></u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	
24	25	29	30	Personal Property Tax.  10. Name and Address of New Registered	
	9. Name and Address of Curre	nt Registered Agent	81 Name		
ст с	CORPORATION SYSTEM			Bart Ruroede	
	S. PINE ISLAND ROAD		82 Street	Address (P.O. Box Number is Not Acceptable)	
PLAN	NTATION FL 33324		83		
			<b>!</b> [		<del></del>
i ,			GA Cin.	•	Last Zin Code
			84 City	cudordale FL	35 Zip Code 3333!5
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	Ţ,	and the expenses this expenses for the expenses of	changing its registered
11. Pursuant office or reagent. La	to the provisions of Sections 607.05 agistered agent, or both, in the State or (amijer with, and accept the oblig	02 and 607.1508, Florida Stat of Florida. Such change was ations of, Section 607.0505, F	Ţ,	corporation submits this statement for the purpose opration's board of directors. I hereby accept the apporation	f changing its registered
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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 onth; 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.

SIGNATURE:

SHATURE AND TYPES OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

DESCRIPTION OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

DESCRIPTION OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90070 013 \*\*\*150.00