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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT	#	P20	829
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Principal Place of Business Syst Striker RD BOYNTON BCH FL 33436 BIFFALO GROVE IL 600894678 US 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 09/09/1988 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 09/09/1988 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 09/09/1988 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 09/09/1988 2. Principal Place of Business 3. Date Incorporated or Qualified 09/09/1988 2. Principal Place of Business 3. Date Incorporated or Qualified 09/09/1988 2. Principal Place of Business 3. Date Incorporated or Qualified 09/09/1988 2. Principal Place of Business 3. Date Incorporated or Qualified 09/09/1988 2. Principal Place of Business 3. Date Incorporated or Qualified 09/09/1988 2. Principal Place of Business 3. Date Incorporated or Qualified 09/09/1988 2. Principal Place of Business 3. Date Incorporated or Qualified 09/09/1988 2. Striker Address of Status Desired \$8.75 Address of Status Desired Agent \$8.75 Address of Current Registered Agent \$8.75 Address of Current Registered Agent \$8.75 Address of New Registered Agent	THE LEI	DER HORTICULTURAL COM	IPANIES, INC						
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Zip	23		28				Trust Fund Contribution	Added t	o Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 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 recoffice 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 regis agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byed or printed agent agent and title if applicable. NOTE Registered Agent signature required when rematating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PTD MAKE LEIDER, JAMES M. 12. WANE LEIDER, JAMES M. 12. WANE STREET ADDRESS S55 E. APTAKISIC 13. TITLE 14. CITY-ST-ZIP NAME LEIDER, GERARD F. 22. NAME STREET ADDRESS S65 E. APTAKISIC 23. STREET ADDRESS S65 E. APTAKISIC 23. STREET ADDRESS S65 E. APTAKISIC 33. STREET ADDRESS S65 E. APTAKISIC 34. STREET ADDRESS S65 E. APTAKISIC 35. STREET ADDRESS S65 E. APTAKISIC S65 E. APT		Country	Zip	Cou	intry		8. This corporation owes the current year		
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CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 82		9. Name and Address of Curren	it Registered Agent		041	-	10. Name and Address of New Register	ed Agent	
1200 S. PINE ISLAND ROAD PLANTATION FL 33324 84	CT C	CODDODATION SVETEM	-		81	Name '			
PLANTATION FL 33324 B3					82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
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 agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS TILE PTD DELETE 1.1 TILE LEIDER, JAMES M. SIREET ADDRESS 855 E. APTAKISIC BUFFALO GROVE IL TILE VPD DELETE 1.1 TILE 1.2 NAME 1.2 NAME LEIDER, GERARD F. SIREET ADDRESS STREET ADDRESS CITY-ST-ZIP BUFFALO GROVE IL DELETE 1.3 STREET ADDRESS CITY-ST-ZIP TILE S DUNSEY, J H STREET ADDRESS CITY-ST-ZIP DELETE 3.3 STREET ADDRESS CITY-ST-ZIP DUNSEY, J H STREET ADDRESS CITY-ST-ZIP Change Chang									
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 reconfice 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PTD DELETE 1.1 TITLE PTD DELETE 1.1 TITLE Change CITY-ST-ZIP NAME LEIDER, JAMES M. STREET ADDRESS STREET	PLAI	NIAHUN FL 33324			83				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pursuant 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PTD DELETE 1.1TITLE Change CITY-ST-ZIP NAME LEIDER, JAMES M. 13 STREET ADDRESS STREET A					84	City		85 Zip (Code
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.			•		1	•		·L `	
12. OFFICERS AND DIRECTORS TITLE PTD								pointment as re	gistered
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CITY-ST-ZIP 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.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

□ DELETE

Addition

☐ Change