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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 03 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

SIGNATURE

P93000044051 (9)

B. G. KATZ NURSERIES, INC.				1 4 3 5 1 6 5 4 1 8 1 8 1 1 1 1 8 1 1 1	(B) (1 B 6) (1 B 6) (1 B 6) (1 B) (
Principal Plac	ce of Business	Mailing Address			OTHER DROVE CORES CORES CON CONTRACTOR CONTRACTOR
8123 SO. MILITARY TRAIL 8795 N. ELIZABETH AVE.			.]		
BOYNTON B	EACH FL 33436	PALM BEACH GARDENS FL 33418		DO NOT WRIT	E IN THIS SPACE
ψō			•	3. Date Incorporated or Qualified	
				06/16/1993	
2. Principal f	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26 8 123 So. Mil	itary Irail	65-0422927	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	10	City & State		O Floring Compaign Signature	
23		28 Boynton B	each. FL	6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes or has p	
24	25	29 33436	30 USA	Personal Property Tax due Jun	
	g. Name and Address of Current			10. Name and Address of New R	agistered Agent
K/4	ATZ, BORIS		81 Name		
	05 N. ELIZABETH AVE. 602 I ILM BOH: GARDENS FL 33418	01d Court Rd., #1107		dress (P.O. Box Number is Not Accepta	ble)
	Boca Raton, FL	33483	83		
	boca Raton, ic	-0-7-D	84 City		85 Zip Code
					FL
11, Pursuant office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607,1508, Florida Statute: f Florida, Such chance was au	s, the above-named con ithorized by the corpora	poration submits this statement for the ation's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered
agent. I a	am familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statutes		F131 1 1 F231 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SIGNATURE		Block			DATE
12.	Signature, typed or profiled name of registered agent OFFICERS AND		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFI	
TITLE	D	DELETE	1.1 TITLE	7.000111011011011011011011011011011011011	Change Addition
NAME	KATZ, BORIS		1.2 NAME		
STREET ADDRESS	6021 OLD COURT RD., #1107		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 3343	3	1.4 CITY - ST - ZIP		
TITLE	S	☐ DELETE	2.1 THLE		Change Addition
NAME	Katz, Flana	1 4 1107	2 2 NAME	add Ilana K	at2
STREET ADDRESS	6021 Old Court Ro		2.3 STREET ADDRESS	ala in the	
CITY-ST-ZIP	Boca Raton, FL	DELETE	2.4 City-ST-ZiP		Change Addition
TITLE	ì	C) Atreit	3.1 TITLE		L Change L Audition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	1		3.4 City-S1-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		_	4. 2 NAME		.
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DEL ete	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-7IP		Driete	5 4 CITY - ST - ZIP		Change Address
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME CTOTET ADDRESS	l / \		6 2 NAME		
STREET ADDRESS	1 1	Λ	6.3 STREET ADDRESS		
City-st-ziP	certify that the information supplied with	his filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes.	I further certify that the information
indicated officer or	on this annual report or symplemental director of the corporation or the ecei- or Block 1s if change for on an attact	angu lat re port is true and accu	rate and that my signat	ure shall have the same legal effect as quired by Chapter 607, Florida Statutes	if made under oath; that I am an

3/27/91

(561) 735-0225