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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000022819 (4)

PLANTREES, INCORPORATED

FILED Feb 17 1998 8:00am Secretary of State

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Principal Plac	ce of Busines	s		Mading Addr	ess	····			1	10011001 118 1811 B B41 BB111 90111		40 LIBOL IBIOL	JANK INIT INDI
2655 N. OCEAN DRIVE 2655 N. OCEAN DRIVE SUITE 300 SUITE 300													
SINGER ISLA	AND FL 33404			SINGER ISLA	AND FL 3340	M			<u></u>	DO NOT WRIT		SPACE	
									1	Date Incorporated or Qualified 03/24/1994			
2. Principal P	Place of Busin	ness	1.2	≿a. Mailing Ai	ddress			Ĭ	4. 1	FEI Number			Applied For
21			20							65-0477731			Not Applicable
Suite, Apt.	. #, etc.		2	Suite, Apt	: #, etc.				5. (Certificate of Status Desired		,	Additional Required
City & Stat	le		20	City & Sta	ite					Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip		Country		Zφ		Countr	у		8. This corporation owes or has paid the current year Intangible				
24		26	21		30				Personal Property Tax due June 30. Yes No				
	9, Name	and Address of (Current Reg	pistered Age	nt			·	10.	Name and Address of New F	egistered	Agent	
HII	LLEY, V. DO	ONALD				81	Naı	ne					
11382 PROSPERITY FARMS ROAD SUITE 124				82	Stre	et Addres	ss (P.	O. Box Number is Not Accepta	able)				
		GARDENS FL 3	33410			83	1	•					
•						<u> </u>	1 0			 		1221 -	
						84	City	<i>,</i>			FL	. 85 Zip	Code
11. Pursuant	to the provis	ions of Sections 60	07.0502 and	607.1508, FI	orida Statut	es, the abov	e-nan	ed corpor	ration	submits this statement for the pard of directors. I hereby acc	purpose o	changing	its registered
agent. La	am familiar wi	th, and accept the	: obligations	of, Section 6	07.0505, Fid	orida Statute	ıyıne e is.	corporation	on s oc	pard of directors. I hereby acc	apt tne app	ointment a	is registered
SIGNATURE		_											
12.	Signature, lyped	or printed name of the to	ered agent and I RS AND DIFF		(NOT	Hogistered Ac	ent sign.	eture required			DATE	DIDECTO	DC III IO
TITLE	DP	OFFICE	חולו לוגווע פר		DELETE	13.			AL	DDITIONS/CHANGES TO OFF	ICEHS ANI	Change	
NAME		D. MICHAEL			, Deceme	1.2 NAME						Change	
STREET ADDRESS		RUNNING WATE	R ROAD			1.3 STREE							
CITY-ST-ZIP	1	EACH GARDEN		8		1.4 CITY -		~					
TITLE			<u> </u>		DELETE	2.1 TITLE	21-411					Change	☐ Addition
NAME						2.2 NAME							
STREET ADDRESS	i					2.3 STREE		ss					
CITY+ST-ZIP						2. 4 CITY							
TITLE					DELETE	3.1 TITLE						Change	Addition
NAME	1					3.2 NAME						-	
STREET ADDRESS						3 3 STREE	T ADDRE	ss					ŀ
CITY-ST-ZIP						3.4. CITY-	ST-ZIP						
TITLE					DELETE	4.1 TITLE						Change	☐ Addition
NAME						4. 2 NAME							ļ
STREET ADDRESS	ĺ					4.3 STREE	T ADDRE	ss					ľ
CITY-ST-ZIP	 				DE: 675	4.4 CiTY-	ST-ZIP						
TITLE				LJ	DELFTE	5.1 TITLE						Change	Addition
NAME						5.2 NAME							1
STREET ADDRESS						5.3 STREE	T ADDRE	ss					1
CITY-ST-ZIP	ļ				50.000	5.4 CITY-	ST - ZIP			 			
TITLE	i				DELFTE	6.1 TITLE		-				Change	Addition
NAME						6.2 NAME							
STREET ADDRESS						6.3 STREE		ss					
CITY-ST-ZIP	l					6 4 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 autress

SIGNATURE: