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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400033437

1. Corporation Name

RAY'S TREE FARM, INC.

	Principal Place of Business	Mailing Address	() () () () () () () () () ()
	2500 NORTH MILITARY TRAIL SUITE 260	271 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334	DO NOT WRITE IN THIS SPACE
-	BOCA RATON FL 33431		3. Date Incorporated or Qualifed 05/03/1994

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90074 014 ***150.00

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	A Company of the Comp				3. Date Incorporated or Qualifed 05/03/1994		, •
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 .		26 8600 W.J	Deserbil	re Rd.	65-0492116		Not Applicable
Suite, Apt.	#, etc.	Suite, Apr. #, etc.			5. Certificate of Status Desired	T	Additional Required
22	· · · · · · · · · · · · · · · · · · ·	27			 		
City & Stat	te	City & State 28 Se bring,	FL		6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zip	Country	Zip 0	Countr		8. This corporation owes the current year	ntangible	
24	25	29 33872	30 /	.S .A	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agent	
			8	1 Name	· ·	•	* 3
	EY, MARTIN J		8:	2 Stroot Addre	ess (P.O. Box Number is Not Acceptable)		
	NORTH MILITARY TRAIL		0.	Sueer Addre	ess (F.O. DOX Number is NOT Acceptable)		
	TE 260		8:	3			
BOC	CA RATON FL 33431						
			8	4 City	· F	85 Zi	p Code
44	to the provided of Continue CO7 OFO	2 and CO7 1E08 Florida Statute	no the abo	vo-named come			its registered
office or o	egistered agent, or both, in the State im familiar with, and accept the obligation	of Florida Such change was autions of, Section 607.0505, Flor	uthorized b	y the corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as	registered
SIGNATURE					d when reinstating) DATE		
40	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	ent signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	TORS IN 12
12.	DPVS	DELETE	1,1 TITLE		ADDITIONS/CHANGES TO OFF ICERS	Chang	
TITLE	SWINDLE, JAMES R				·		
NAME			1.2 NAME				
STREET ADDRESS	271 E. OAKLAND PARK BLVD.			ETADORESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		1.4 CITY-			Chang	e
TITLE		☐ DELETE	2.1 TITLE			☐ Ottoring	c
NAME			2.2 NAME		•	•	
STREET ADDRESS		·	2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		2.4 CITY	-ST-ZIP			
†MLE	<u>,</u>	☐ DELETE	3.1 TITLE			☐ Chang	je 🔲 Addition
NAME	,	•	3.2 NAME			•	
STREET ADDRESS			3.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Chang	e 🔲 Addition
NAME.	*		. 4.2 NAM	·	والمراوع والمحاري والمراوع والمتعارض	-	
STREET ADDRESS	man gran	•	4.3 STRE	ET ADORESS			
CITY-ST-ZIP		•	4,4 CITY-	ST-ZIP	•		
TITLE		☐ DELETE	5.1 TITLE			Chang	e 🔲 Addition
NAME	· ·		5.2 NAME	:			•
STREET ADDRESS			5.3 STRE	ET ADDRESS	•		
	· .		5.4 CITY-	ł	,		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Chang	e Addition
	1.50	_ 52.2.12	6.2 NAME	Ĭ			
NAME	}			FT ADDRESS			
OTDEET ADDRESS			■ 0.3 O I KE	LIAUUKESSI			

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.

6.4 CITY-ST-ZIP

SIGNATURE: