

FILE NOW: FILING FEE AFTER MAY 1:

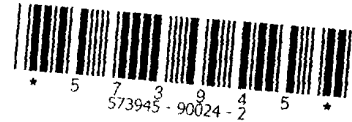
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Jun 10, 1999 8:00 am
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 06-10-1999 90024 002 ***550.00

PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA
 DIVISION

DOCUMENT - 1



DOCUMENT # P94000062390

1. Corporation Name

HORTICULTURAL ENTERPRISES, INC.



Principal Place of Business

**2593 CARAMBOLA CIRCLE NORTH
 COCONAUT CREEK FL 33066**

Mailing Address

**2593 CARAMBOLA CIRCLE NORTH
 COCONAUT CREEK FL 33066**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1994

4. FEI Number

65-0518381

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

8. This corporation owes the current year Intangible
 Personal Property Tax ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ORTH, LISA M
 2593 CARAMBOLA CIRCLE NORTH
 COCONAUT CREEK FL 33066**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent Signature Required when "Yes" above)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ORTH, LISA M	
STREET ADDRESS	2593 CARAMBOLA CIRCLE NORTH	
CITY-ST-ZIP	COCONAUT CREEK FL 33066	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE	☐ Change ☐ Addition
15. NAME	
16. STREET ADDRESS	
17. CITY-ST-ZIP	
18. TITLE	☐ Change ☐ Addition
19. NAME	
20. STREET ADDRESS	
21. CITY-ST-ZIP	
22. TITLE	☐ Change ☐ Addition
23. NAME	
24. STREET ADDRESS	
25. CITY-ST-ZIP	
26. TITLE	☐ Change ☐ Addition
27. NAME	
28. STREET ADDRESS	
29. CITY-ST-ZIP	
30. TITLE	☐ Change ☐ Addition
31. NAME	
32. STREET ADDRESS	
33. CITY-ST-ZIP	
34. TITLE	☐ Change ☐ Addition
35. NAME	
36. STREET ADDRESS	
37. 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 attached exhibit with an address, with all other like empowered.

SIGNATURE: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 954-972-7707

CR2E034 (11/96)