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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000082242

1. Corporation Name
CLIMINIV RANK MURSERY, INC.

	DANK NURSENT, INC.									٠.
Principal Plan	ce of Business	Mailing Address			\dashv		e kii 40 iil 83i0 i	IDHO HUU HUU		
18555 SW 200TH ST. MIAMI FL 33187 MIAMI FL 33187						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 11/09/1994	l ·	<u> </u>		
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number		Api	plied For	١.
21	•	26				65-0540462			t Applicable	-
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re		2.
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be] .
23		28				Trust Fund Contribution		Added to		
Zip	Country	Zip		intry		8. This corporation owes the cur	rent year Int		_	
24	25	29	30	<u> </u>		Personal Property Tax.			□No	Į
	9. Name and Address of Curren	t Registered Agent		81 Name		10. Name and Address of New	Registered	Agent		ſ
RRF	NNAN, DENNIS K	The train to		81 Name						
	20 SW 85TH ST.			82 Street	Addres	s (P.O. Box Number is Not Accept	able)			
	MI FL 33157			83		The second of th		18 9 i K f	200 to 100 to 10	
							i duni			
				84 City		and the second of the second	FL	85 Zip C	ode	
agent. I a	am familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Stat	utes.	0,000	s board of directors. I hereby acce			,	1
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered ager OFFICERS AN	tions of, Section 607.0505, Florit and title if applicable. (NOTI D DIRECTORS	E: Registered	utes.		hen reinstating) (1.154.) ADDITIONS/CHANGES TO OF	DATE	ID DIRECTO	RS IN 12	100
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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

CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90021 025 ***150.00

(305) 2514150