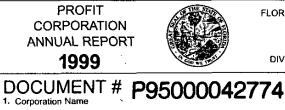
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

TOP_NOTCH_NUBSERY_INC._



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90208 016 ***150.00

	1818 AND 1814 BEST	
		

					•							
Principal Place	e of Business	Mailin	g Address		<u> </u>					(4) BESIT AOI		11 (E8 1) (8 1 9) (88)
15721 SW 254 ST. 15721 SW 254 ST. HOMESTEAD FL 33031 HOMESTEAD FL 33031												
,								DO NO	T WRI	TE IN TH	IS SPACE_	
								Incorporated or Q 02/1995	ualifed			
2. Principal P	face of Business	2a. Ma	ailing Address				4. FEI I		•	_	A	pplied For
21		26	v				65-0	0589627				lot Applicable
Suite, Apt.	#, etc.		ite, Apt. #, etc.								\$8.75	Additional
22		27					5. Certi	fcate of Status De	sirea		Fee F	Required
City & Stat	:e		ty & State				6. Elect	tion Campaign Fina	ancing	П	\$5.00	May Be
23		28					Trust	Fund Contribution	1			to Fees
Zip	Country	Zip	p	Coun	Country			corporation owes t	he curr	ent year l	ntangible	_
24	25	29		30				Personal Property Tax. Yes No				
	9. Name and Address of Curr	ent Registere	ed Agent			•	10. Nап	e and Address of	New F	Registere	d Agent	
				1	31	Name						
	T & ASSOCIATES, P.A.	_		<u> </u>	32	Street	Address (P.O. B	ox Number is Not	Accepta	able)		
	S BAYSHORE DR. SUITE 270	2			_	01.001						
MIAI	VI FL 33131-4900			[8	33							Į
				ļ.	34	Cit.	 				. 85 Zip	Code
				,	94	City				F	L °3 -	Code
office or r	to the provisions of Sections 607.09 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. S	Such change was a	authorized I	by t	the corpo	corporation subroration's board o	nits this statement f directors. I hereb	for the	purpose of the app	of changing it ointment as r	s registered egistered
·	in tariniai with, and accept the cont	jations of, oc	.00011 007.0000, 1 10	onda Oldto	·.							
SIGNATURE	Signature, typed or printed name of registered a	gent and title if app	olicable. (NOT	E: Registered A	gent	t signature r	required when reinstatin	ng)		DATE		
12.	OFFICERS A	AND DIRECT	ORS	13.			ADDI	TIONS/CHANGES	TO OF	FICERS A	AND DIRECT	ORS IN 12
TITLE	D		DELETE	1.1 TITL	E						☐ Change	☐ Addition
NAME	OGDEN, FRANKLIN			1.2 NAM	E							
STREET ADDRESS	15721 SW 254 ST.			1.3 STR	EET	ADDRESS						
CITY-ST-ZIP	HOMESTEAD FL 33031			1.4 CITY	·ST	r-ZIP	}				_	<u> </u>
TITLE			☐ DELETE	2.1 TITL	E						☐ Change	☐ Addition
NAME				2.2 NAM	E		1					
STREET ADDRESS				2.3 STR	EET.	ADDRESS]
CITY-ST-ZIP				2. 4 CIT	Y-ST	T-ZIP						
TITLE			☐ DELETE	3.1 TITL	_						☐ Change	☐ Addition
NAME				3.2 NAM	ΙE							
STREET ADDRESS				3.3 STR	EET.	ADDRESS						
CITY-ST-ZIP				3.4. CIT	Y-ST	T-ZIP	ļ					
TITLE			DELETE	4.1 TITL							Change	Addition
NAME				4.2 NA	Æ		l					Į
STREET ADDRESS	:			4.3 STR	EET	ADDRESS						
CITY-ST-ZIP				4.4 CITY								ł
TITLE			☐ DELETE	5.1 TITL							☐ Change	☐ Addition
NAME			_	5.2 NAM			1				•	
STREET ADDRESS						ADDRESS						
	ł						1					1
CITY-ST-ZIP				5.4 C/T	-ST	-ZIP						l l
TITLE		<u> </u>	☐ DELETE	5.4 C/T\ 6.1 T/TL		r-ZIP					☐ Change	Addition
TITLE NAME			☐ DELETE		Ē	T-ZIP					☐ Change	Addition

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 off an attachment with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP