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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000054572 (9)

## FILED Apr 14 1998 8:00am Secretary of State

| AS WE                                       | GROW, INC.  |   |   |  |  |
|---|---|---|---|--|--|
| Principal Place                             | e of Business   | Mailing Address                             |   |  | daine onder ginel debio hide abbi                    |
| 590 CASSIA BLVD<br>SATELLITE BEACH FL 32937 |   | 590 CASSIA BLVD<br>SATELLITE BEACH FL 32837 |   | DO NOT WRITE IN THI  | S <b>S</b> PACE                                      |
|   |   |   |   | 3. Date Incorporated or Qualified 07/11/1995   |  |
| 2. Principal Pl                             | lace of Business  | 2a. Mailing Address                         |   | 4. FEI Number  | Applied For  |
| 21  |   | 26  |   | 59-3324061   | Not Applicable                                       |
| Suite, Apl.                                 |   | Suite, Apt #, etc.                          |   | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required                    |
| City & State                                | •   | City & State                                |   | 6. Election Campaign Financing   | <b>\$5.00</b> May Be                                 |
| 23  | _ <del></del>   | 28  | <u> </u>  | Trust Fund Contribution  | Added to Fees  |
| Zip   | Country   | Zip   | Country   | 8. This corporation owes or has paid the o   |  |
| 24  | 25  | [29]  | 30  | Personal Property Tax due June 30.  10. Name and Address of New Registere  | Yes No   |
|   | 9. Name and Address of Current  | mediateled wildur                           | 81 Name   | 10. Manie and Address of New Hegistere   | n Whalif   |
|   | RTEZ, DIANE   |   | Traine  |  |  |
| 3075 SWEET PINE DR.                         |   |   | 82 Street Add   | ress (P.O. Box Number is Not Acceptable)   |  |
| ME  | LBOURNE FL 32935  |   | 83  |  |  |
|   |   |   |   |  |  |
|   |   |   | 84 City   | F  | 85 Zip Code  |
| SIGNATURE                                   | to the provisions of Sections 607,0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligation<br>Signature typed or provided name of regions of agent |   | es, the above-named corp<br>authorized by the corpora<br>orida Statutes.<br>E: Registered Agent signature requi | poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the state of th | of changing its registered oppointment as registered |
| 12.   | OFFICERS AND  |   | 13.   | ADDITIONS/CHANGES TO OFFICERS A  | ND DIRECTORS IN 12                                   |
| TITLE                                       | P   | DELETE                                      | 1.1 TITLE   |  | ☐ Change ☐ Addition                                  |
| NAME  | CORTEZ, DIANE   |   | 1.2 NAME  |  |  |
| STREET ADDRESS                              | 3075 SWEET PINE DRIVE   |   | 1.3 STREET ADDRESS  | •  |  |
| CITY-ST-ZIP                                 | MELBOURNE FL  |   | 1.4 CHY+ST-ZIP  |  |  |
| TITLE                                       | VP  | ☐ DELETE                                    | 2 1 TITLE   |  | Change Addition                                      |
| NAME  | FERRELL, DONNA  |   | 2.2 NAME  |  |  |
| STREET ADDRESS                              | 1287 S.E. ZANZIBAR ROAD   |   | 2 3 STHEET ADDRESS  |  |  |
| CITY-ST-ZIP                                 | PALM BAY FL   |   | 2 4 CITY-ST-ZIP   |  |  |
| TITLE                                       |   | ☐ DELETE                                    | 3.1 TITLE   |  | Change Addition                                      |
| NAME  |   |   | 3 2 NAME  |  |  |
| STREET ADDRESS                              |   |   | 3.3 STREET ADDRESS  |  |  |
| CITY-\$T-ZIP                                |   | T perese                                    | 3 4. CHY-ST-ZIP   |  |  |
| TITLE                                       |   | ☐ DEFE1€                                    | 4.1 TITLE   |  | Change Addition                                      |
| NAME  |   |   | 4. 2 NAME   |  |  |
| STREET ADDRESS                              |   |   | 4.3 STREET ADDRESS  |  |  |
| CATY-ST-ZIP                                 |   | DOLFTE                                      | 4.4 C(1Y+ST+Z(P   |  | ☐ Change ☐ Addition                                  |
| TITLE                                       |   | [] DELLIC                                   | 5.1 1111.6  | •  | ∟ Change ∟ Addition                                  |
| NAME  |   |   | 5.2 NAME  |  |  |
| STREET ADDRESS                              |   |   | 5.3 STREET ADDRESS  |  |  |
| CITY-ST-ZIP                                 |   | DILLETE                                     | 5.4 CITY-ST-7IP   |  | Change Addition                                      |
| TITLE                                       |   | ר"ז מרננונ                                  | 6.1 TITLE   |  | Change Addition                                      |
| NAME  |   |   | 6.2 NAME  |  |  |
| STREET ADDRESS                              |   |   | 6.3 STREET ADDRESS  |  |  |
| CITY-ST-ZIP                                 |   |   | 6.4 CITY-ST-ZIF   |  |  |

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 eath, 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.

MONATURE Decine Contact Non Contact House upon monacate