

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000070809 (5)

1. Corporation Name

PINEVIEW NURSERY MANAGEMENT CORP.



Principal Place of Business

6388 RANCHES ROAD
LAKE WORTH FL 33463

Mailing Address

6388 RANCHES ROAD
LAKE WORTH FL 33463

3. Date Incorporated or Qualified

09/11/1995

3a. Date of Last Report

4. FET Number

65-0604857

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

9. Name and Address of Current Registered Agent

KIRCHEN, MAX D
6388 RANCHES ROAD
LAKE WORTH FL 33463

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 607.1504, 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 607.0502, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

2/8/96

12. OFFICERS AND DIRECTORS

1. TITLE D
NAME KIRCHEN, MAX D
STREET ADDRESS 6388 RANCHES ROAD
CITY-STATE-ZIP LAKE WORTH FL 33463
2. TITLE D
NAME WEINSTEIN, JEFFREY
STREET ADDRESS 6063 NW 23RD TERRACE
CITY-STATE-ZIP BOCA RATON FL 33463
3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
2. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
3. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
4. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
5. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
6. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: J. WEINSTEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 1/15/96
FILING NUMBER: 967-5080

CR2E034 (12/95)