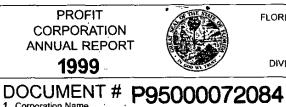
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999 -

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 05, 1999 8:00 am Secretary of State

05-05-1999 90016 018 ***150.00

SANDMA	N NURSERIES, INC.						
	· ·				 	() () () ()	
Principal Place of Business 20200 NW 37TH AVE CAROL CITY FL 33056 US Mailing Address 20200 NW 37TH AVE CAROL CITY LF 33056 US		DO NOT WRITE IN THIS SPACE					
00				3. Date Incorporated or Qualifed 09/18/1995			
3 Drivet - 1 D	lana of Business	2a. Mailing Address		4. FEI Number	Appli	ed For	
21 /29:0		26 1290 NE.	108e 16	65-0617180	Not A	Applicable	
Suite, Apt.	#, etc. 616	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Add	ired	
City & Stat	liami ().	City & State 28 N. Miami,	21.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to I		
Zip 33	318/ [25] Country USA	Zip 3318/ 30	Country USA	This corporation owes the current year Interest Personal Property Tax.	☐ Yes _ Ē	1No	
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered			
AICI I	EELD ALAM C		81 Name D	PAUID FREEDMAN 1	ESQ.		
	feld, alan s 10 NW 37TH AVE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	117		
	OL CITY FL 33056		83	00 BISCAYNE BL	<u> </u>		
Ç, u ı	02,0117 1,2 00000			vite 616	· 		
			84 City N	. MIAMI FL	85 Zip Co	8/_	
office or r	egistered agent or both in the State (ot Florida. Such Change was auth	ionzed by the comogratio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	changing its re intment as regis	stered	
	m farithar with, and accept the obligat	tions of, Section 607.0505, Florida	a Statutes.	4-28	-99		
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: Re	gistered Agent signature required	a when reinstaung)			60
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AN			3
TITLE	P	☐ DELETE	1,1 TITLE		☐ Change	Addition	Ξ
NAME	FREEDMAN, SANFORD A		1.2 NAME		,		CR2E034 (11/98)
STREET ADDRESS	20200 NE 37TH AVE		1.3 STREET ADDRESS				Ę
CITY-ST-ZIP	CAROL CITY FL 33056		1.4 CITY-ST-ZIP		Change	Addition	쏬
TITLE		☐ DELETE	2.1 TITLE		☐ Change		_
NAME	5		2.2 NAME			ĺ	
STREET ADDRESS	•		2.3 STREET ADDRESS				
CITY-ST-ZIP		C) DELETE	2.4 CITY-ST-ZIP		☐ Change	Addition	
TITLE		☐ DELETÉ	31 TITLE			C Addition	
NAME			3.2 NAME		1		
STREET ADDRESS			3.3 STREET ADDRESS			ĺ	
CITY-ST-ZIP		[] OELETE	3.4. CITY-ST-ZIP		☐ Change	Addition	
TITLE		C DETELE	l l				
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		Change	Addition	
TITLE		☐ perese	5.1 TITLE 5.2 NAME		_) onlingo		
NAME	*		5.3 STREET ADDRESS				
STREET ADDRESS			5.4 CITY-ST-ZIP				
CITY-ST-ZIP			6.1 TITLE		Change	Addition	
TITLE		☐ DELLIL	6.2 NAME				
NAME.			6.3 STREET ADDRESS				
STREET ADDRESS			U.S STREET ADDRESS !			í	

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 or an attackment with an address, with all other like empowered.

SIGNATURE: