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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000078854 (3) DOCUMENT #
1. Corporation Name

NATUREZA VIVA NURSERY, INC.

## **FILED** Apr 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
25651 SW 154 AVE. 25651 SW 154 AVE.						
PRINCETON	FL <b>330</b> 32-6219	PRINCETON FL 33032-6	PRINCETON FL 33032-6219		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					10/11/1995	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0625010	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired	\$8.75 Additional
22 27 27 City & City & City						Fee Required
City & State		City & State	├ <del></del> 1		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip Country		28 Zin	Zip Country		8. This corporation owes or has pai	
24	25	29	30	, ,	Personal Property Tax due June	)
24	g. Name and Address of (		1001		10. Name and Address of New Reg	
RU	IBIN, DEBRA M		8	1 Name		
25651 SW 154 AVE.			8	2 Street Add	Iress (P.O. Box Number is Not Acceptab	la
	INCETON FL 33032-6219				ireas (r.o. box irumbor is irot Acceptas	o j
			8	3		
			8	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.1508, Florida Statu	Jies, the abo	ve-named corp	poration submits this statement for the p	urpose of changing its registered
office or re agent. Lai	egistered agent, or both, in the m familiar with, and accept the	e State of Florida. Such change was e obligations of, Section 607.0505, F	authorized forida Statut	by the corpora es.	tion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE						
	Signature, typod or printed name of regist		11: Registered A	igent signature requi	red when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DIRECTORS IN 12
12.	DPS	RS AND DIRECTORS  DELETE	1.1 701.1	· [	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	NATALINO, LUZENIR G	<del></del>	1.2 NAM			
STREET ADDRESS	25651 SW 154 AVE.			ET ADDRESS		
CITY-ST-ZIP	PRINCETON FL 33032-	6219		- ST- 2IP		
TITLE	DVT	DELETE	2.1 TITL			Change Addition
NAME	NATALINO, RANDY		2.2 NAM	E.		
STREET ADDRESS	25651 SW 154 AVE.		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	PRINCETON FL 33032-	6219	2. 4 CIT1	r-ST-ZIP		
TITLE		DELETE	3.1 TITL			☐ Change ☐ Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CIT	r-ST-ZIP		<u></u>
TITLE		☐ DELETE	4,1 TITLI	:		Change Addition
NAME			4. 2 NAN	AE		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				- ST- ZIP		
TITLE		DELETE	5.1 TITLI			Change Addition
NAME			5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		DELETE	_	- ST - ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLI			LI Change LI Addition
NAME			6.2 NAM			
STREET ADDRESS				E1 ADDRESS		
CITY-ST-ZIP			6.4 CITY	-ST-ZIP		

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.