PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000090106**1. Corporation Name

HYPOLUXO ROAD GROWERS CORP.

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90110 026 \*\*\*\*61.25 05-21-1999 90003 017 \*\*\*\*88.75



	e of Business	Mailing Address						
4919 RIDGEWO	OOD ROAD	4919 RIDGEWOOD ROAD						
BOYNTON BEA	ICH FL 33436	BOYNTON BEACH FL 33436			DO NO.	T WRITE IN THIS	SPACE	
}					3. Date incorporated or Qu		3	
1		•	-		11/22/1995			-
2 Principal P	Tace of Business	2a. Mailing Address			4. FEI Number	<del></del>	I	polled For
<u> </u>	MALO OF DUBINGSS	26			65-0627863		<del></del>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Additional	
22		27			5. Certificate of Status Des	iredi 🔲		Required
City & Stat	lo	- City & State		• . •	-6. Election Campaign Fina	ncing _	\$5.00	May Be
23		28		· =	Trust Fund Contribution	ucua 🗅		to Fees
Zip	Country	Zip	Country	<del>,</del>	8. This corporation owes th	ne current year In	tangible	
24	25	29 3	o		Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of	<b>New Registered</b>	Agent	
			81	Name	•			1
1	S, STEPHEN		82	Street Add	fress (P.O. Box Number is Not A	cceptable)		
	9 RIDGEWOOD ROAD							
BOY	INTON BEACH FL 33436		83					-
			84	City			85 Zip	Code .
			لـــــــــــــــــــــــــــــــــــــ		A ************************************	FL	- }	
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State	z and 607.1508, Florida Statutes of Florida. Such change was auti	i, the above horized by	e-named coq the corporati	poration submits this statement i ion's board of directors, I hereby	r accept the appo	uanging II Les inemin	egistered
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Florid	la Statutes.		•			
SIGNATURE								
SIGNATURE	Construe board or named as man of commercial	a set title if engineties (NATE: D.	Arrestment Acces	t constra recum	ad when nimitistano)	DATE		i
	Signature, typed or ponted name of registered agen		<del></del>	s signatura requir	ed when reinstating)  ADDITIONS/CHANGES 1		ND DIRECT	ORS IN 12
12.	Signature, typed or parted name of registered agen OFFICERS AN	a and title if applicable. (NOTE; R. D DIRECTORS	13.	t eigneture requir	ed when remelating) ADDITIONS/CHANGES 1		ND DIRECT	
12.	Signature, typed or ported name of registered agen OFFICERS AN	D DIRECTORS	13.	s eigneture requir				
12.	Signature, hyped or parted name of registered agent OFFICERS AND PD DIAS, STEPHEN	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	T ADDRESS				
12. TITLE NAME STREET ADDRESS	OFFICERS AND DIAS, STEPHEN 4919 RIDGEWOOD ROAD	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	TADORESS				
12.	Signature, hyped or parted name of registered agent OFFICERS AND PD DIAS, STEPHEN	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	TADORESS				
12. TITLE HAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN OFFICERS AN OFFICERS AN PD DIAS, STEPHEN 4919 RIDGEWOOD ROAD BOYNTON BEACH FL 33436 VD	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	TADORESS			☐ Change	☐ Addition
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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 surplemental 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 of the received 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 in an articly part with an address, with all other like empowered.

SIGNATURE:

4,30,99