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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000001240 (6)

HAYSTACK FARMS NURSERY, INC.

FILED Apr 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							(C 2740 95101 11919	idir bibli	4411 18 61
6800 SW 130 AVENUE 6800 SW 130 AVENUE									
FORT LAUDE	RDALE FL 33330	FORT LAU	FORT LAUDERDALE FL 33330			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	IIV IFIIS SPACE	•	
l						01/05/1996			j
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	1	Apr	lied For
21		26				16-0328727	<u> </u>	_	Applicable
Suite, Apt.	#, etc.		Suite, Apt #, etc.					o	dditional
22		27				5. Certificate of Status Desired		ee Rec	
City & State	0	City & S	City & State			6. Election Campaign Financing	\$	5.00 A	May Be
23		28	· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution	<u> </u>	dded to	Fees
	Zip Country		Zip Country		'	8. This corporation owes or has pa			
24	25	[29]	30			Personal Property Tax due June			No
		of Current Registered Ag	9Nt 	81	Name	10. Name and Address of New Re	gistered Agent		
	Mirez, fred esq D41 Pines Boulevard	40		"	INDITIO				
	MBROKE PINES FL 3302		8:		Street Add	ress (P.O. Box Number is Not Acceptab	le)		
j PE	MONUNE FINES EL 3302	59	83						
				63					
				84	City		85	Zip C	ode
44 Pureupot i	to the provisions of Soutions	607.05.02 and 607.45.09	Florida Statutos 45	o obcor	namod care	possion submits this statement for the	FL 8	alaa It-	
office or re	egistered agent or both, in	the State of Florida, Such	change was author	rized by	the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointme	ent as r	registered
	m ramiliar with, and accept:	me obligations of, Section	607.0505, Florida	Statutes	S .				
SIGNATURE	Signatum, typist or protect name of re-	graduted a pent and tilled areas state	NOTE Region	stered And	ni sinnalure receii	red when reinstating)	DATE		
12.		CERS AND DIRECTORS		13.	Branco codo	ADDITIONS/CHANGES TO OFFIC		CTORS	IN 12
TITLE	PSTD			1.1 TITLE			☐ Cr		Addition
NAME	DIACO, VERNON R		1	.2 NAME					j
STREET ADDRESS	6800 SW 130 AVENU		I 1	.3 STREET	ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE I	FL 33330		1.4 CITY - S					
TITLE	VP			2.1 TITLE			☐ Cf	ange	Addition
NAME	DIACO, RALENE		2.2 NAME						
STREET ADDRESS	6800 SW 130TH AVE		2	2.3 STREET	ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL			2. 4 CITY - 5	ST-ZIP				
TITLE			DELETE 3	3.1 TITLE			☐ CH	ange	Addition
NAME			3	3.2 NAME					
STREET ADDRESS			3	3.3 STREET	ADDRESS				ļ
CITY-ST-ZIP				3.4. CITY-5	ST-ZIP				
TITLE			DELETE 4	I.1 TITLE			Cr	ange	Addition
NAME				1.2 NAME					ļ
STREET ADDRESS			4	1.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY-S	T-ZIP				
TITLE			DELETE 5	5.1 TITLE			☐ Cr	ange	Addition
NAME			5	2 NAME					ļ
STREET ADDRESS			5	3 STREET	ADDRESS				
CITY-ST-ZIP				4 CITY-S	T-ZIP				
TITLE			DELETE	3.1 TITLE			☐ Cr	ange	Addition
NAME			6	3.2 NAME					
STREET ADDRESS			6	3 STREET	ADORESS				
CITY - ST - ZIP				A CITY E	T. 710				j

14. Thereby 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 suppliencial airrual 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 ethinged, or on an attachment with an address.

SIGNATURE: