PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600001240

1. Corporation Name

HAYSTACK FARMS NURSERY, INC.

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90053 028 ***150.00



Principal Place	e of Business	Ma	ailing Address				((881/88) 118 121/6 21/11 88/11 88/11 88/11 88/11 88/11 88/11 88/11 88/11 88/11 88/11 88/11 88/11 88/11 88/11	
6800 SW 130 A	VENUE	680	O SW 130 AVENUE					
			RT LAUDERDALE FL 33:	ERDALE FL 33330			DO NOT HIDITE IN THIS CRACE	
							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	\neg
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			A 14				01/05/1996	-
2. Principal Pl	lace of Business	2a.	Mailing Address					\dashv
21		26	0 11 1 11 11 11			_	16-0328727 Not Applicable	-
Suite, Apt.	#, etc.	\vdash	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
22		27						
City & State	е	-	City & State				6. Election Campaign Financing \$5.00 May Be	~ =
23		28	7:		ıntry		Tradit dita	-
Zip	Country	\vdash	Zip		ınıry		8. This corporation owes the current year Intangible Personal Property Tax.	
24	25	29		30	1		Personal Property Tax. Layes De No. 10. Name and Address of New Registered Agent	\dashv
	9. Name and Address of Currer	t Regis	tered Agent	_	81	Name	10. Name and Address of New Registered Agent	┪
DAM	IDET EDEN ESO				"	Italiio		_{
RAMIREZ, FRED ESQ						Street Addr	ess (P.O. Box Number is Not Acceptable)	
10041 PINES BOULEVARD #C								
PEMI	BROKE PINES FL 33024				83			
					84	City	FL 85 Zip Code	7
					Ш	L	- - 	\dashv
11. Pursuant	to the provisions of Sections 607.050	2 and 6	07.1508, Florida Statut ta, Such change was a	tes, the a authorized	ibove d bv	e-named corp the corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obliga	tions of	Section 607.0505, Flo	orida Stat	utes			
SIGNATURE								}
0.0.0	Signature, typed or printed name of registered age					nt signature require	ad when reinstating) DATE	⊣ §
12.	OFFICERS AN	ID DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
								<u></u>
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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 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, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

Daytime Phone #