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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600028080

1. Corporation Name

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90139 043 ***150.00

71007171	C GARDENS, INC							
Principal Plac	ce of Business	Mailing Address				NO 10112 01131 00311 00114 00111	88)18 ()881 ;Bill 88101	10()) OBII 100)
211 S. STATE RD. 7 211 S. STATE RD. 7								
MARGATE FL 33068 MARGATE FL 33068								
						DO NOT WRITE IN	THIS SPACE	
	:		_		04/01/199	orated or Qualifed 36		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			65-06435	96		t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of	Status Desired	•	Additional ~~
22		27			<u> </u>		Fee Re	·
City & Stat	te	City & State				npaign Financing	\$5.00	
23	·	28	<u> </u>		Trust Fund (Added t	o Fees
Zip	Country	Zip	Country □			tion owes the current yea		□No
24	25	29 30	<u> </u>		Personal Pro	operty rax. Address of New Registe		LJINO
	9. Name and Address of Curre	nt Registered Agent	81	Name	TU. Name and A	dates of Heat Vehice	sieu Agent	
RAC	CKAUSKAS, MARCELO						<u> </u>	
	S STATE RD 7		82	Street	Address (P.O. Box Num	ber is Not Acceptable)		
	RGATE FL 33068		83		 			
ien a.			63			ē		
	•		84	City			FL 85 Zip C	Code
44 Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes.	, the above	e-named	corporation submits this	statement for the purpor	se of changing its	registered
office or r	registered agent, or both, in the State	of Florida. Such change was auth	norized by	the corpo	oration's board of directo	orsI.hereby accept the a	appointment as ret	gistered
office or r	registered agent, or both, in the State am familiar with; and accept the obliga-	e of Florida. Such change was auth ations of, Section 607.0505, Florid	orized by a Statutes	the corpo	oration's board of directo	orst.nereby-accept the a		gistered
office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with; and accept the obliga- Signature, typed or printed name of registered age	e of Florida. Such change was auth ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: Ro	a Statutes	the corpo	oration's board of director	orsI. nereby accept the a	re	gistered
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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 of 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 of on an adactment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

WRE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR