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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000041128**1. Corporation Name

HORTI-CARE, INC.

Principal Place of Business	Mailing Address		
3460 SANDPIPER LANE	3460 SANDPIPER LANE		
MULBERRY FL 33860	MULBERRY FL 33860		

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90051 045 ***150.00



3460 SANDPIPE MULBERRY FL		3460 SANDPIPER LANE MULBERRY FL 33860			DO NOT MOTE IN TUR	CDACE		
·	•				DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 05/14/1996	SPACE		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-3371921		Not Applicable	
Suite, Apt.	#; etc:	_ Suite, Apt. #, etc.			- *5: Certificate of Status Desired	\$8.75	Additional	
22		27			- **5: Certifcate of Status Desired	Fee F	Required -	
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip Country			8. This corporation owes the current year Intangible			
24	25	29 30			Personal Property Tax. Yes No			
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	Agent		
QTEI	ITANO, RICHARD A		61	Name				
	SANDPIPER LANE		82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
	BERRY FL 33860		83					
MOL	BENTI TE SOOOD		83					
		•	84	City	FL	85 Zip	Code	
11 Durement	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes.	the above	a-named corpo	pration submits this statement for the purpose of	changing it	ts registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
12.	Signature, typed or printed name of registered agent. OFFICERS AND		13.	n signature required	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12	
TITLE .	0	DELETE	1.1 TITLE			☐ Change		
NAME	STELITANO, RICHARD A		1.2 NAME					
STREET ADDRESS	3460 SANDPIPER LANE		1.3 STREET	ADORESS			•	
CITY-ST-ZIP	MULBERRY FL 33860		1.4 CITY-ST		•		}	
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME	NORRIS, WILLIAM H	•	2.2 NAME		,			
STREET ADDRESS	3460 SANDPIPER LANE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	MULBERRY FL 33860	•	2. 4 CITY-S	T-ZIP	Land the second	.*		
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	MORLOCK, STEVEN M		3.2 NAME				}	
STREET ADDRESS	3460 SANDPIPER LANE		3.3 STREET	ADDRESS				
CITY-ST-ZIP	MULBERRY FL 33860	<u></u>	3.4. CITY-S	T-ZIP	<u> </u>			
TITLE		☐ DELETE	4.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS			ļ	
CITY-ST-ZIP	,		4.4 CITY-ST	T-ZIP		ÿ		
TITLE		DELETE	5.1 TITLE		•	☐ Change	a Addition	
NAME			5.2 NAME			•		
STREET ADORESS	•		5.3 STREET				Į	
CITY-ST-ZIP	·		5.4 CITY- \$	T-ZIP	<u> </u>			
ΠLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME		• *	6.2 NAME			*	1	
STREET ADDRESS			6.3 STREET	ľ			}	
			SACITY ST	T. 71D				

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.

SIGNATURE: