

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000052427 (7)**
1. Corporation Name
NU TURF LAWN & GARDEN CENTER OF MARGATE, INC.

Principal Place of Business

**1785 NORTH STATE ROAD 7
MARGATE FL 33063
US**

Mailing Address

**1785 NORTH STATE ROAD 7
MARGATE FL 33063
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1996

4. FEI Number

65-0673084

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing



**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SEILER, JOHN P ESQ.
2900 EAST OAKLAND PARK BLVD. STE 200
FORT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **VD
CHRISTENSEN, HARRY A**
STREET ADDRESS **~~2000 BANKS ROAD STE G-1~~**
CITY - ST - ZIP **~~MARGATE FL 33063~~**

TITLE ☐ DELETE

NAME **PD
BONO, NANCY B**
STREET ADDRESS **~~2000 BANKS ROAD STE G-1~~**
CITY - ST - ZIP **~~MARGATE FL 33063~~**

TITLE ☐ DELETE

NAME **STD
BONO, JOHN**
STREET ADDRESS **~~2000 BANKS ROAD STE G-1~~**
CITY - ST - ZIP **~~MARGATE FL 33063~~**

TITLE ☐ DELETE

NAME **D
BONO, A J**
STREET ADDRESS **~~2000 BANKS ROAD STE G-1~~**
CITY - ST - ZIP **~~MARGATE FL 33063~~**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**1785 NORTH STATE ROAD 7
MARGATE, FL 33063**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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.

SIGNATURE:

A. John Bono, Treas. **A. JOHN BONO**

4/15/98

(954) 972-9425

CR2E034 (10/97)