May 08, 1999 8:00 am Secretary of State

05-08-1999 90011 013 \*\*\*158.75

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600052427

1. Corporation Name

	IU TURI	F LAWN & GARDEN CENTE	er of Margate, Inc.							
Prin	cipal Place	of Business .	Mailing Address				86411 88161 BI:	****************		
1785 NORTH STATE ROAD 7 MARGATE FL 33063 US 1785 NORTH STATE ROAD 7 MARGATE FL 33063 US						DO NOT WRITE	IN THIS S	PACE		
						3. Date Incorporated or Qualifed 06/18/1996				
2. Principal Place of Business 2a. Mailing Ad			2a. Mailing Address			4. FEI Number		Ar	plied For	
21			26			65-0673084		No	t Applicable	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	X	\$8.75 Fee Re	Additional equired		
$\Box$	City & State		City & State		6. Election Campaign Financing	 []	\$5.00	May Be	-	
23	Zip Country		Zip Country		Trust Fund Contribution  8. This corporation owes the curren	t vear Inter	Added 1	to Fees		
24	-i <b>p</b>	25 29 30		, ,		Personal Property Tax.		∐ Yes	<b>™</b> No	
24		9. Name and Address of Currer		<u> </u>		10. Name and Address of New Re	gistered A	gent		
				81	Name					
SEILER, JOHN P ESQ. 2900 EAST OAKLAND PARK BLVD. STE 200			82	2 Street Address (P.O. Box Number is Not Acceptable)						
FORT LAUDERDALE FL 33306			<u>l</u>				_	<u>,</u>		
	FUN	I EAUDERDALE FE 35500		83						
				84	84 City FL 85 Zip Code					
				1 !						
11.	Pursuant to office or re agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	02 and 607.1508, Florida Statutes, of Florida. Such change was autho ations of, Section 607.0505, Florida	the above- orized by the Statutes.	-named corpo he corporation	pration submits this statement for the pun's board of directors. I hereby accept	rpose of ch the appoint	nanging its ment as re	registered gistered	
	agent. I ar NATURE	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statutes.			urpose of chithe appoint	nanging its ment as re	registered gistered	
	agent. I ar NATURE	m familiar with, and accept the obligations of segistered age	ations of, Section 607.0505, Florida	Statutes.	-named corpo he corporation signature required		DATE CERS AND	DIRECTO	DRS IN 12	100/
SiG	agent I ar	Signature, typed or printed name of registered age  OFFICERS AN	nt and title if applicable. (NOTE: Reg	Statutes.		I when reinstating)	DATE CERS AND			/44/00/
SIG	agent. I ar	Signature, typed or printed name of registered age OFFICERS AN VD CHRISTENSEN, HARRY A	nt and title if applicable. (NOTE: Reg	nistered Agent 13. 1.1 TITLE 1.2 NAME	signature required	I when reinstating)	DATE CERS AND	DIRECTO	DRS IN 12	104 (44)00)
12.	agent. I ar	Signature, typed or printed name of registered age OFFICERS AN VD CHRISTENSEN, HARRY A 1785 N STATE RD 7	nt and title if applicable. (NOTE: Reg	ustered Agent 13. 1.1 TITLE 12 NAME 1.3 STREET	signature required	I when reinstating)	DATE CERS AND	DIRECTO	DRS IN 12	2024 (44,00)
SIG 12. TITLE NAME STRE	agent. I ar	Signature, typed or printed name of registered age OFFICERS AN VD CHRISTENSEN, HARRY A 1785 N STATE RD 7 MARGATE FL 33063	nt and title if applicable. (NOTE: Reg ND DIRECTORS	Istered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST-	signature required	I when reinstating)	DATE CERS AND	DIRECTO	DRS IN 12	CD2F024 (44/00)
SIG 12. TITLE NAME STRE CITY-	agent. I ar	Signature, typed or printed name of registered age OFFICERS AN VD CHRISTENSEN, HARRY A 1785 N STATE RD 7 MARGATE FL 33063 PD	nt and title if applicable. (NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST- 2.1 TITLE	signature required	I when reinstating)	DATE CERS AND	DIRECTO	DRS IN 12	CD2F024 (44,00)
SIG  12. TITLE NAME STRE CITY- TITLE NAME	agent. I ar	Signature, typed or printed name of registered age OFFICERS AN VD CHRISTENSEN, HARRY A 1785 N STATE RD 7 MARGATE FL 33063 PD BONO, NANCY B	nt and title if applicable. (NOTE: Reg ND DIRECTORS	Istered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST- 2.1 TITLE 2.2 NAME	signature required  ADDRESS  -ZIP	I when reinstating)	DATE CERS AND	DIRECTO	DRS IN 12	CD2E034 (44/08)
SIG  12.  TITLE  NAME  STRE  CITY-  TITLE  NAME  STRE	ET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN VD CHRISTENSEN, HARRY A 1785 N STATE RD 7 MARGATE FL 33063 PD BONO, NANCY B 1785 N STATE RD 7	nt and title if applicable. (NOTE: Reg ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET/ 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET/	ADDRESS ADDRESS	I when reinstating)	DATE CERS AND	DIRECTO	DRS IN 12	CD0E004 (44,08)
SIG  12.  TITLE  NAME  STRE  CITY-  TITLE  NAME  STRE  CITY-	agent. I are ENATURE  EET ADDRESS ST-ZIP  EET ADDRESS ST-ZIP  EST-ZIP	Signature, typed or printed name of registered age OFFICERS AN VD CHRISTENSEN, HARRY A 1785 N STATE RD 7 MARGATE FL 33063 PD BONO, NANCY B	nt and title if applicable. (NOTE: Reg ND DIRECTORS	Istered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST- 2.1 TITLE 2.2 NAME	ADDRESS ADDRESS	I when reinstating)	DATE CERS AND	DIRECTO	DRS IN 12	, CDDE034 (41)00)
SIG  12.  TITLE  NAME  STRE  CITY-  TITLE  NAME  STRE	agent. I ar	Signature, typed or printed name of registered age OFFICERS AN VD CHRISTENSEN, HARRY A 1785 N STATE RD 7 MARGATE FL 33063 PD BONO, NANCY B 1785 N STATE RD 7 MARGATE FL 33063 STD	Int and title if applicable. (NOTE: Reg ND DIRECTORS DELETE DELETE	statutes.  13. 1.1 TITLE 12 NAME 1.3 STREET / 1.4 CITY-ST. 2.1 TITLE 22 NAME 23 STREET / 2.4 CITY-ST.	ADDRESS ADDRESS	I when reinstating)	DATE CERS AND	DIRECTO Change	DRS IN 12 Addition	(44,000)
12. TITLE NAME STRE CITY- TITLE NAME STRE CITY- TITLE NAME	agent. I ar	Signature, typed or printed name of registered age OFFICERS AN VD CHRISTENSEN, HARRY A 1785 N STATE RD 7 MARGATE FL 33063 PD BONO, NANCY B 1785 N STATE RD 7 MARGATE FL 33063	Int and title if applicable. (NOTE: Reg ND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET / 2.4 CITY-ST 3.1 TITLE	ADDRESS -ZIP -ADDRESS -ZIP	I when reinstating)	DATE CERS AND	DIRECTO Change	DRS IN 12 Addition	, DOCTOO
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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 or an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

☐ Addition