

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

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90076 004 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000078931**

1. Corporation Name  
**REDLAND PROFESSIONAL ORCHID GROWERS, INC.**



Principal Place of Business  
 14400 SW 248 ST  
 PRINCETON FL 33032

Mailing Address  
 14400 SW 248 ST  
 PRINCETON FL 33032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/23/1996**

4. FEI Number  
**65-0697308**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **26505 SW 203 AVE**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **26505 SW 203 AVE**  
 Suite, Apt. #, etc.

22

23 **Homestead, FL.**  
 City & State  
 Zip **33031** Country

24 **33031** 25  
 29 **33031** 30

9. Name and Address of Current Registered Agent

**RANDALL, ROBERT**  
 26505 SW 203 AVE  
 HOMESTEAD FL 33031

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1. TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRETSNYDER, LYNN	1.2 NAME	
STREET ADDRESS	14400 SW 248 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON FL 33032	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, BILL	2.2 NAME	
STREET ADDRESS	18755 SW 248 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL, ROBERT	3.2 NAME	
STREET ADDRESS	26505 SW 203 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33031	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, KEN	4.2 NAME	
STREET ADDRESS	26620 SW 203 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33031	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDAN, BARBARA	5.2 NAME	
STREET ADDRESS	20075 SW 10 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33187	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTES, MARTIN	6.2 NAME	
STREET ADDRESS	25000 SW 162 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	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, with all other like empowered.

SIGNATURE: **Martin Motes** **Martin Motes** Treasurer **3/31/99** (305) 247-4898  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)