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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089321

FLAMINGO BEND NURSERY, INC.

FILED Feb 10, 1999 8:00 am Secretary of State

02-10-1999 90045 013 ***150.00



Principal Place of Business		Mailing Address		1 (44)(44) 1(7) 4(5)(44)(44)(44)(44)(44)(44)(44		
11361 RIGGS ROAD		11361 RIGGS ROAD				
NAPLES FL 341	114	NAPLES FL 34114		DO NOT WRITE IN THIS S	SPACE	
				3. Date Incorporated or Qualifed	3.7.GL	1
				10/28/1996	()	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	lace of business	26		65-0703865	Not Applicable	,
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	····		\$8.75 Additional	7
22	.,	27		5. Certifcate of Status Desired	Fee Required	l
City & Stat	e	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 Inta	ingible	ĺ
24	25	29	30		☐ Yes ☐ No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered A	\gent	ł
	· · · · · · · · · · · · · · · · · · ·		81 Name		•	
	MANEL, MARK A		82 Street Add	ress (P.O. Box Number is Not Acceptable)		1
	61 RIGGS ROAD			· · · · · · · · · · · · · · · · · · ·		
NAP	LES FL 34114	•	83	。我们,一定不知来这个个人就会。一定的现在是一个 在我们就的人,也不是一个人的人,就可以就是这样的。		
			84 City	5 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	85 Zip Code	İ
j				<u> </u>		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	thorized by the corporati	poration submits this statement for the purpose of cion's board of directors. I hereby accept the appoin	changing its registered itment as registered	Ì
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	ations of, Section 607.0505, Florida	da Statutes.			
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statutes.	• •		
office or r	im familiar with, and accept the oblig Signature, typed or printed name of registered ag	ations of, Section 607.0505, Florient and title if applicable. (NOTE: F	da Statutes. Registered Agent signature requir	ed when reinstating) DATE		(86
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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 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: