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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000014670

1. Corporation Name

NORTH BROWARD FARMS, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90129 003 ***158.75

Principal Plac	e of Business	Mailing Addres	s			L SUMSTRUCT (118 (MIST SERVI) BO(6)	. WETH BEHT BEID	(INTI VIGIO V III) I	4611 4311 1 46 1
1600 WEST COMMERCIAL BLVD. FORT LAUDERDALE FL 33309 1600 WEST COMMERCIAL BLVD. FORT LAUDERDALE FL 33309					DO NOT W	RITE IN THIS	SPACE		
	•					3. Date incorporated or Qualifit 02/14/1997		OF AGE	
2. Principal P	Place of Business	Za. Mailing Add	ress			4. FEI Number		Apr	plied For
21		26				65-0735038		Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired	ĭ XÍ	\$8.75 A Fee Re	
City & Stat	te	City & State				6. Election Campaign Financin	a _	\$5.00	May Re
23	-	28			-	Trust Fund Contribution	"	Added to	
Zip	Country	Zip		Country		8. This corporation owes the c	urrent year Inta	angible	
24	25	29	30			Personal Property Tax.		XYes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of Nev	Registered	Agent	
	HOS MAINLANA S SOO			81	Name				
SPRUCE, WILLIAM D ESQ. 1600 WEST COMMERCIAL BLVD.				82	Street	ess (P.O. Box Number is Not Acceptable)			
FOR	IT LAUDERDALE FL 33309			83					
				84	City		FL	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Flor	ida Statutes, th	he above	-named	oration submits this statement for t	he purpose of	changing its	registered
agent. I a	m familiar with, and accept the obligi	ations of, Section 607	.0505, Florida	Statutes.	ule corbo	on's board or directors. I hereby acc	ceht me abbon	III II GIII GS 100	Jisterou
SIGNATURE	-								
	Signature, typed or printed name of registered age		<u>~</u> _		t signature re	d when reinstating)	DATE		
12.	, , , , , , , , , , , , , , , , , , , 	ND DIRECTORS		13		ADDITIONS/CHANGES TO C	OFFICERS AN		RS IN 12
TITLE	D			1.1 TITLE		/c ⁻		🔀 Change	
NAME	MORGAMAN, PHILIP E					-			
STREET ADDRESS				1.2 NAME		HILIP E. MORGAMAN			
CITY-ST-ZIP	FORT LAUDERDALE FL 33309			1.3 STREET	ADDRESS	HILIP E. MORGAMAN 500 W. COMMERCIAL E			
	TOTT LADDETIDALE I L 00003)		1.3 STREET		HILIP E. MORGAMAN 500 W. COMMERCIAL E F. LAUDERDALE, FL 3			
TITLE	TOTT EADDERDALE TE SOOUS)		1.3 STREET		HILIP E. MORGAMAN 500 W. COMMERCIAL E F. LAUDERDALE, FL 3 7P		☐ Change	M Addition
TITLE: NAME	TOTT EADDERDALE TE 30003)	DELETE :	1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	- ZIP	HILIP E. MORGAMAN 500 W. COMMERCIAL E F. LAUDERDALE, FL 3 P ARK STEPHENSON	33309	☐ Change	
	TOTAL DISERBALL TE 00000)	DELETE :	1.3 STREET 1.4 CITY- ST 2.1 TITLE	- ZIP	HILIP E. MORGAMAN 500 W. COMMERCIAL E T. LAUDERDALE, FL 3 7P ARK STEPHENSON 500 W. COMMERCIAL E	33309 BLVD.	☐ Change	
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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 true tee impowered 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 AND TOPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

ADDITIONAL DIRECTOR:

Title: Name:

D .

Street Address:

David B. Zugman 4875 N. Federal Hwy.

City-St-Zip:

Ft. Lauderdale, Fla. 33308

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