

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000070094 (2)**
1. Corporation Name

HEADS UP IRRIGATION, INC.

Principal Place of Business

**3300 NORTH STATE ROAD 7
BOX H679
HOLLYWOOD FL 33021**

Mailing Address

**3300 NORTH STATE ROAD 7
BOX H679
HOLLYWOOD FL 33021**

FILED
Jul 08 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1997

4. FEI Number

65-0774958

Applied For

Not Applicable

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

21 Broward County

Suite, Apt. #, etc.

22 Same As Above

City & State

23

Zip

Country

25 Broward

2a. Mailing Address

26 Same as Above

Suite, Apt. #, etc.

City & State

28

Zip

Country

30 Broward

9. Name and Address of Current Registered Agent

**ROSENBERG, ARTHUR R
4875 NORTH FEDERAL HWY
SEVENTH FLOOR
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name

Same As Listed

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

N/A

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 **PD** ☐ DELETE
NAME **HARRITY, JOHN**
STREET ADDRESS **7741 INDIGO STREET**
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **VD** ☐ DELETE
NAME **GRAUBART, DAVID**
STREET ADDRESS **3300 N STATE RD 7, BOX H679**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **TD** ☒ DELETE
NAME **MORRISON, RAYMOND**
STREET ADDRESS **6604 ATLANTA STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **SD** ☐ DELETE
NAME **COLINI, ROBERT**
STREET ADDRESS **2101 NW 67TH AVE**
CITY-ST-ZIP **SUNRISE FL 33317**

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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: **David C. Graubart** **DAVID C. Graubart 7-1-98 (954) 963-7681**

CR2E034 (5/98)