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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000011112**1. Corporation Name

ONLY TREES, INC.

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: _

FILED Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90068 011 ***150.00

Principal Place of Business Mailing Address									
9930 MISTY LAKE DRIVE 18930 MISTY LAKE DRIVE									
JPITER FL 33458 JUPITER FL 33458						DO NOT WRITE IN THIS SPACE			
		ļ			3. Date Incorporated or Qualified				
						02/02/1998			
Principal Place of Business 2a. Mailing Address						4 FE Number Applied			
. Principai Pi ∃	ace of Business	<u> </u>				65-0809529		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.									
						5. Certificate of Status Desired			
City & State		City & State				6. Election Campaign Financing			
City & State	e	⊢ •				6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country				This corporation owes the current year Intangil			
]]		<u>├</u> ¬ ' ┌	_			Personal Property Tax.		TAN	
<u>'</u>	9. Name and Address of Curren		<u> </u>			10. Name and Address of New Registered Age		7	
	5. Name and Address of Curren	(registered Agent		81	Name				
MUL	LIN, JAMES G								
2263 N.W. BOCA RATON BLVE., #205 BOCA RATON FL 44431				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		J	
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500				"					
				84	City	FL ⁸	5 Zip	Code	
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office or re	egistered agent, or both, in the State (of Florida. Such change was auti	nonzec	ı by	tne corporation	pration submits this statement for the purpose of char in's board of directors. I hereby accept the appointme	nt as r	egistered	
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Stati	Jtes					
SIGNATURE									
	Signature, typed or printed name of registered agen		_	Agen	t signature required	ADDITIONS/CHANGES TO OFFICERS AND D	IRECT	ORS IN 12	
12.				13.			Change		
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