

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90048 001 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

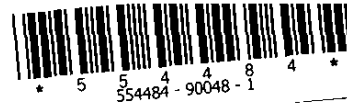


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P980000 48232**

1. Corporation Name

KORZA Garden, Inc.



Principal Place of Business
1155 State Road 434 1155 SR 434
Longwood, FL 32750 Longwood, FL 32750

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5-27-98

4. FEI Number

59-3513638

Applies to
New Corporations

\$8.75 Add'l Fee

5. Certificate of Status Desired ☐

\$5.00 Add'l Fee

6. Election Campaign Financing
Trust Fund Contribution ☐

8. This corporation owes the current year total
Personal Property Tax.

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip

Sang N. Harris
800 N. Ferncreek Ave. #16
Orlando, FL 32803

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 the registered office or registered agent in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of the new registered agent, I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature) Sign the printed name of the registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

12.

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

1.1 TITLE

12 NAME

1.3 STREET ADDRESS

14 CITY, ST, ZIP

2.1 TITLE

12 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I hereby declare that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further declare that the information furnished is true and accurate and that my signature shall have the same legal effect as if made under oath. I am the owner or authorized officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that I am attaching to this report a true and correct copy of the certificate of incorporation and the certificate of the corporation's board of directors, with all other like empowered.

SIGNATURE:

Hardin Pak

President

4/22/99

407-767-9363