PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90011 011 ***150.00

DOCUMENT # P98000067285

1. Corporation Name

A & J NURSERY, INC.



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Principal Place	e of Business	Mailing Address		•		i ilatitabi ein inten inter natit natit buter na		961 (910) 2111 1991
10415 SW 200T	TH ST	10415 SW 200TH ST						
MIAMI FL 33157 MIAMI FL 33157						DO NOT WIDITE IN THE CRACE		
						DO NOT WRITE IN TH	IS SPACE	
					3	S. Date Incorporated or Qualifed		ł
						07/29/1998		
2. Principal Pl	ace of Business	2a. Mailing Address			4	I. FEI Number		Applied For
21		26				65-0854700		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Certifcate of Status Desired		Additional
22		27					Fee	Required
City & State)	City & State			6	6. Election Campaign Financing		O May Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zip			_	Country		. This corporation owes the current year		m
24	25	29	30			Personal Property Tax.	☐ Yes	□No
ļ	9. Name and Address of Current	Registered Agent		41). Name and Address of New Registere	d Agent	
CAR	CIA MILLIAM ECO			81 Name)			
	CIA, WILLIAM ESQ.			82 Street	t Address (P.O. Box Number is Not Acceptable)		
	ALHAMBRA CIR, STE 500							
COH	AL GABLES FL 33134-5107			83				
				84 City			. 85 Zi	p Code
				O4 City		, F	L " "	7 0020
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Stati	utes, the al	pove-named	corporation	on submits this statement for the purpose	of changing	its registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was	authorized	by the con	poration's t	poard of directors. I hereby accept the app	ointment as	registered
	in lamilla with and accept the songan	5110 01, 00011011 001.0000, 11						Į.
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature	required when			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12
TITLE	D	☐ DELETE	1,1 TD	TLE			Chang	e 🔲 Addition
NAME I	WILKINS, PAUL D		1.2 N	ME				
STREET ADORESS	10415 SW 200TH ST							
	10713 011 200111 01		1.3 ST	REET ADDRESS	5			ļ
I LIIT-SI-ZIP I				REET ADDRESS	5			
CITY-ST-ZIP	MIAMI FL 33157	DELETE		ry-st-zip	3		☐ Chang	e Addition
TITLE	MIAMI FL 33157	☐ DELETE	1.4 CS 2.1 TI	IY-ST-ZIP ILE	5		☐ Chang	e Addition
TITLE NAME	MIAMI FL 33157 D WILKINS, TAMARA E	☐ DELETE	1.4 GS 2.1 TT 2.2 NA	TY-ST-ZIP TLE ME			Chang	e Addition
TITLE NAME STREET ADDRESS	MIAMI FL 33157 D WILKINS, TAMARA E 10415 SW 200TH ST	DELETE	1.4 CF 2.1 TF 2.2 NA 2.3 ST	TY-ST-ZIP TLE ME REET ADDRESS			Chang	e □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33157 D WILKINS, TAMARA E 10415 SW 200TH ST MIAMI FL 33157		1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 C	TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP			Chang	-
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MIAMI FL 33157 D WILKINS, TAMARA E 10415 SW 200TH ST MIAMI FL 33157		1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA	TY-ST-ZIP FLE AME REET ADDRESS TY-ST-ZIP TLE	3		- ·	-
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33157 D WILKINS, TAMARA E 10415 SW 200TH ST MIAMI FL 33157	DELETE	1.4 Cf 2.1 Tf 2.2 NA 2.3 ST 2.4 C 3.1 Tf 3.2 NA 3.3 ST 3.4. C	TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP	3		_ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL 33157 D WILKINS, TAMARA E 10415 SW 200TH ST MIAMI FL 33157		1.4 Cf 2.1 Tf 2.2 N/ 2.3 ST 2. 4 C 3.1 Tf 3.2 N/ 3.3 ST 3.4. C	IY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP TLE	3		- ·	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MIAMI FL 33157 D WILKINS, TAMARA E 10415 SW 200TH ST MIAMI FL 33157	DELETE	1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA 3.3 ST 3.4. C 4.1 TF 4.2 NA	IY-ST-ZIP ILE MME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS ITY-ST-ZIP LE TEET ADDRESS ITY-ST-ZIP LE AME	3		_ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL 33157 D WILKINS, TAMARA E 10415 SW 200TH ST MIAMI FL 33157	DELETE	1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA 3.3 ST 3.4. C 4.1 TF 4.2 NA 4.3 ST	TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TTY-ST-ZIP TLE AME REET ADDRESS	3		_ Chang	e Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL 33157 D WILKINS, TAMARA E 10415 SW 200TH ST MIAMI FL 33157	☐ DELETE	1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4. CC 4.1 TF 4.2 NA 4.3 ST 4.4 CF 5.1 TF 5.2 NA 5.3 ST 5.4 CF 6.1 TF	IY-ST-ZIP ILE MME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS ITY-ST-ZIP LE REET ADDRESS ITY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS	3		☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MIAMI FL 33157 D WILKINS, TAMARA E 10415 SW 200TH ST MIAMI FL 33157	DELETE	1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4. CC 4.1 TT 4.2 NA 4.3 ST 4.4 CF 5.1 TT 5.2 NA 5.3 ST 5.4 CF 6.1 TT 6.2 NA	IY-ST-ZIP ILE MME REET ADDRESS IY-ST-ZIP LE MME REET ADDRESS ITY-ST-ZIP LE REET ADDRESS ITY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS			☐ Chang	e Addition

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.

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SIGNATURE:

CITY-ST-ZIP

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