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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S03477

GREENLEAF FOLIAGE, INC.

Principal Place	of Business	Mailing Address			BIBIH BIBII BIBII BI	(81) 81811 (881
2292 GREENLEAF RD		2292 GREENLEAF RD		, i		
		ZOLFO SPRINGS FL 33890				
		U\$ ´		DO NOT WRITE IN THIS SPACE		
,				 Date Incorporated or Qualified 09/19/1990 		
2. Principal Pl	ace of Business .	2a. Mailing Address		4. FEI Number	App	olied For
21		26		65-0238149	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · ·	5. Certifcate of Status Desired	\$8.75 A	
22	ا المجالعة على المجالة المتعاش والمساسل الما	27	٠, ٠	5. Certificate of Status Desired	Fee Red	quired
City & State	B 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	City & State	·	6. Election Campaign Financing	\$5.00	May Be
23	•	28		Trust Fund Contribution	Added to	Fees
Zip '	Country ·	Zip	Country	8. This corporation owes the current year In	tangible	
24	25	29 30	اَمَ	Personal Property Tax.	☐ Yes	I ZNo
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent	
			81 Name			
RIVE	rs, delena		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	GREENLEAF RD	•	62 Sireer Add	ress (F.O. Box Number is Not Acceptable)	•	
MOO	ORE ROAD		83			
ZOLF	FO SRINGS FL 33890				J1 -: 0	
		•	84 City	FL	85 Zip C	ode
11 Dumumti	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above-named corr	poration submits this statement for the purpose of	f changing its	registered
office or re	egistered agent, or both, in the State	of Florida. Such change was auth	iorized by the corporati	ion's board of directors. I hereby accept the appo	intment as reg	gistered
agent. I ar	m tamiliar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statutes.			J
SIGNATURE					·	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Ro	egistered Agent signature require	ed when reinstating) DATE	ND DIRECTOR	RS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	at and title if applicable. (NOTE: Re	egistered Agent signature require		ND DIRECTOR	RS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: Ro	gistered Agent signature require 13. 1.1 TITLE	ed when reinstating) DATE		
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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

04-23-1999 90240 034 ***150.00