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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S41319 1. Corporation Name

DELRAY PLANTS INTERNATIONAL, INC.

				. •				
Principal Place	e of Business	Mailing Address					,	•••••
5700 SIMMS ROAD 5700 SIMMS ROAD DELRAY BEACH FL 33484 DELRAY BEACH FL 33484							•	
	• • •					DO NOT WRITE IN THIS	S SPACE	
٠.						3. Date Incorporated or Qualifed 03/27/1991		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				65-0250471	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cor	intry		8. This corporation owes the current year Ir		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		201	-:-	10. Name and Address of New Registered	l Agent	
unn	DANIEE MOOR	•		81	Name			,
	PRNNEEF, JACOB	(6 \frac{1}{2})		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	D SIMS ROAD				,	# 4.2	* * * * * * * * * * * * * * * * * * *	*10 proc. 200.
DEL	RAY BEACH FL 33484			83				
·	1 2 2	•		84	City	FI	85 Zip	Code
SIGNATURE	m familiar with, and accept the obligation of the control of the c							
12.				d Agent s	signature required	when reinstating) The DATE	ND DIRECTO	ORS IN 12
	OFFICERS AND	DIRECTORS	13.		signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12
TITLE	OFFICERS AND		13.	TLE	signature required		ND DIRECTO	
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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 eport 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.

6.4 CITY-ST-ZIP

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90009 038 ***150.00