

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S76603** (7)

1. Corporation Name

R.C.R. TREE FARM INC.



Principal Place of Business

**4950 S.W. 111 TERRACE
FT. LAUDERDALE FL 33328**

Mailing Address

**4950 S.W. 111 TERRACE
FT. LAUDERDALE FL 33328**

3. Date Incorporated or Qualified

08/29/1991

3a. Date of Last Report

03/14/1995

4. FEI Number

65-0282436

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, ROSE MARIE
4950 S.W. 11TH TERRACE
FT. LAUDERDALE FL 33328**

81 Name

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

83

84 City

FL

85 Zip Code

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

SIGNATURE

Signature typed or printed name of registered agent and the actual person

(If Not Registered Agent Signature Required, Check "Not Applicable")

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME **D ANDERSON, ROSE MARIE**
STREET ADDRESS **4950 S.W. 111 TERR**
CITY-STATE-ZIP **FT LAUDERDALE FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME **VP ANDERSON, CARROLL R**
STREET ADDRESS **4950 SW 111 TERR**
CITY-STATE-ZIP **FT LAUDERDALE FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME **ST ANDERSON, RAY L**
STREET ADDRESS **4210 S PINE ISLAND RD**
CITY-STATE-ZIP **DAVIE FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

ST Anderson, Ray L
2545 Lakeview Ct. Unit #211
Cooper City, FL

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Rose Marie Anderson Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rose Marie Anderson Pres.

4-11-96 954-434-4865

DATE Day/Month/Year Phone #

CR2E034 (12/95)