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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V06160 (8) SUNNY REDLAND GREENHOUSES, INC. Principal Place of Business 22001 S.W. 252ND STREET 22001 S.W. 252ND STREET										
HOMESTEA	D FL 33031		HOMESTEAD	FL 33031						
							3. Date Incorporated or Qualified 01/10/1992	3a. Da	ate of Last Re 06/22/19	
2. Principal Place of Business		ı	2a, Mailing Address			4. FEI Number Applie		Applied For		
Suite, Apt. #	toto	26	P.O. Suite, Apt. #,	BOX 4	4922		65-0308353			Not Applicable Additional
QUILE, APIL # 2	r, etc.	27	Suite, Apt. #,	eic.			5. Certificate of Status Desired		•	Required
City & State			City & State				6. Election Campaign Financing		\$5.0	O May Be
3	Country	28		CETON,	Country		Trust Fund Contribution			d to Fees
- Ζιρ 4	Country 25	29	^{Zip} 3309	2 3		•	8. This corporation has liability for Florida Statutes Yes	intangibie s ∐No	tax under s	199.032,
`I	g. Name and Address of Curre		ered Agent				10. Name and Address of New		d Agent	
					81	Name				
	', dieter A. S.W. 252ND street				82	Street Addr	ress (P.O. Box Number is Not Accepta	ble)		
	STEAD FL 33031				83					
, tollie	VIEND I'E GOOD!								15-1 %	
					84	City		F	L 85 Ziq	p Code
or registere	o the provisions of Sections 607.050 ed agent, or both, in the State of Fic h, and accept the obligations of, Se	orida. Such	change was a	uthorized l	the above by the corp	named corpor poration's boa	ration submits this statement for the purific of directors. I hereby accept the app	urpose of o	changing its r as registered	egistered office Lagent. Lam
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century trief the inflormation 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:

ED-St. IBENE ERNST 2-27-96 246-3265

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Describe Proces