## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

May 13 1997 8:00am

Secretary of State

DOCUMENT #

(8)

WEST GLADES TREE FARM, INC.

<b></b>							
Principal Place	e of Business	Mailing Address				BIBII BEBE BIBI BIBII BIBII A	/ <b>///</b> //
18300 SW 280TH ST. HOMESTEAD FL 33031		18300 SW 280TH ST. HOMESTEAD FL 33031-3311					
					3. Date Incorporated or Qualified 04/20/1992	3a. Date of Last Ro 05/01/1996	oport
<del></del>	lace of Business	2a. Mailing Address			4. FEI Number Applied For		
21		26			65-0413258	record from the contract of th	t Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired Security Securi		
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		·	28		Trust Fund Contribution Added to Fees		
Zip Country		Zip	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	[30]		Florida Statutes 🔲 Yes 💢 No		
	9. Name and Address of Curre	nt Registered Agent		1 2	10. Name and Address of New Re	gistered Agent	
	RPHY, MICHAEL J.		81	Name			
420 S. DIXIE HWY.			82 Street Ad		ess (P.O. Box Number is Not Acceptat	ole)	
3RD FLOOR			83				
CORAL GABLES FL 33146			03				
			84	City		FL 85 Zip C	Code
11 Purcuent	to the provisions of Sections 607 05	12 and 607 1508 Florida State	ilos tho abov	n-named corn	oration submits this statement for the r		e registered
	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was galions of, Section 607.0505, F	authorized b Iorida Statute	y the corporati s.	oration submits this statement for the p ion's board of directors. I hereby accep	of the appointment as	registered
SIGNATURE	Signature typed or printed name of registered ag	jort and title if applicable (NC	Π : Registered Ag	ent signature requin	ed when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	DPT DECETE		1.1 1111.6			Change	Addition
NAME	RUTZKE, FREDERICK H.		1.2 NAM?				
STREET ADDRESS	18300 SW 280TH ST.		1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	HOMESTEAD FL 33031		1.4 CITY - ST - ZIP 2.1 THLF			Change	Addition
NAME	SANTANA, DAVID	الله الله	2.2 NAME			E Grange	L Youtton
STREET ADDRESS	17973 SW 248TH ST.		2.9 STREET				
CITY-ST-ZIP	HOMESTEAD FL		2 4 CITY-SI-7IP				
TITLE		DELFTE				Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	I ADDRESS			
CITY-ST-ZIP			3 4. CITY-	S1 - ZIP			
TITLE		□ ,DELETÉ				☐ Change	Addition
NAME			4 P NAME				
STREET ADDRESS				T ADDRESS			Ì
CITY-ST-ZIP	<u> </u>	D DO ETE	4.4 CITY - :	ST-ZIP		Change	Addition
TITLE NAME		L_ DELETE	5 1 TITLE 5 2 NAME			Change	אַניין איניין איניין איניין
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			54 CHY-				
TITLE		DELETE	6.1 TITLE	n. th		Change	Addition
NAME		<del></del>	6.2 NAME			.— •	
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			6.4 CITY-				,
14. I do heret	by certify that the information supplies	ed with this filing does not qua	lify for the exe	omption stated	in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
l am an o'	on indicated on this annual report or fficer or director of the corporation on In Block 12 or Block 13 if chapted in	or the receiver or trustee empo	wered to exe	cute this repor	my signature shall have the same legat t as required by Chapter 607, Florida S	are lieut as it made the statutes; and that my n	amo