## 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

DOCUMENT # V47413

(2)

PINEVIEW NURSERY INC.

cipal Place of Business	Mailing Address			
3 NW 23RD TER	6063 NW 23RD TER			
CA RATON FL 33496	BOCA RATON FL 33496-3614			

## **FILED** Feb 04 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					J (BBI) BS(BS) dibi) (BBI) BSOR (1049 SEC DIBI DIBI DIBI) DIBIN DIBIN DIBIN DIBIN DIBIN DIBIN DIBIN DIBIN DIBIN				
6063 NW 23RD TER BOCA RATON FL 33496			6063 NW 23RD TER BOCA RATON FL 33496-3614			· ·			
						3. Date Incorporated or Qualified 06/26/1992	3a. Date of I		oort
2. Principal P	Prace of Business	2a. Mailing	Address		···········	4, FEI Number		App	lied For
21		26				65-0346396			Applicabl
Suite, Apt	#, etc	<b>├</b>	Apt. #, etc.			5. Certificate of Status Desired	1 1 7 "	<b>3.75</b> Ad Fee Requ	
City & Stal	de	27   City &	State	···-		O Flatia Camping Figure			·····
23		28	ÇILI.O			Election Campaign Financing Trust Fund Contribution	Provide and a second	<b>5.00</b> M Added to	•
Zιρ	Country	Zip		Country	······	This corporation has liability for in			
24	25	29	3	ю			Yes No		
	9, Name and Address of Curr	ent Registered A	gent		······	10, Name and Address of New Reg	istered Agent		
WE	INSTEIN, JEFFREY			81	Name				
	33 NW 23RD TER			62	Street Ad	Idress (P.O. Box Number is Not Acceptab	e)		
BO	CA RATON FL 33496								····
				83		<del>-</del>			
				84	City		<b></b> 85	Zip Co	ode
							FL"	l	
12.	·	AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	D		☐ DELETE	1,1 TITLE			∐ C	hange	L Additio
NAME	WEINSTEIN, JEFFREY			1.2 NAME	-				
STREET ADDRESS	****				T ADDRESS				
CITY-ST-ZIP TITLE	BOCA RATON FL		DELETE	1.4 City-				hange	Addit
NAME	KIRCHEN, MAX			2.2 NAME	Ì	KIRCHEN MAX 416 5 COUNTRY CL ATLANTIS, FL 33	-		712011
STREET ADDRESS	BANGUES BB				T ADDRESS	416 5 COUNTRY CL	ub DR	,	
CITY - ST - ZIP	LAKE WORTH FL			2. 4 CITY-	ST-7IP	ATLANTIS FL 33	1462		
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NAME				32 NAME					
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NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	T ADDRESS				
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NAME				5.2 NAME					
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City - St - ZiP			DELETE	5.4 CfTY-	SI-ZIP		<u> </u>	hange	☐ Additi
TITLE			CT DECELE	6.1 TITLE			L) (-	панце	
NAME OTDEET ADDRESS				6.2 NAME					
STREET ADDRESS				1	T ADDRESS				
CITY - ST - ZIP				6.4 CITY-	31-ZIP				

14. I do 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 afactment with an address.

**SIGNATURE:**