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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L60045

(6)

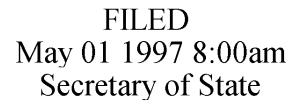
PICTURE PERFECT LANDSCAPE MAINTENANCE & DESIGN, INC.

Principal Place of Business

% JACK KRIVANEK. II P.O. BOX 193

Mailing Address

% JACK KRIVANEK. II P.O. BOX 183



561-221



PALM CITY FL 34990		PALM ČITY FL 34991-0193		3. Date Incorporated or Qualified	3a. Date of Last Report
				03/26/1990	11/15/1996
	ace of Business	2a. Mailing Address	4 40 3	4. FEI Number	Applied For
	Malm city School		<u> </u>	62-1422359	Not Applicable
Suite, Apt. : 22 6/6/	A	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	city PC	City & State 28 Palm City	y, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3 4 7 1			Country 30 Martin	This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
	ANCK, JACK IT		81 Name		
3465 SW PALM CITY SCHOOL AVE. PALM CITY FL 34990			82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
***	, 2		83	Y-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			84 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508. Florida Statuto of Florida. Such change was a lone of Society 607.0605. Flori	es, the above-named corpora	poration submits this statement for the tition's board of directors. I hereby acceptions	
SIGNATURE .	Stopatu Typed or profiled name of registered again	<u> </u>	Fregistered Agent signature requ	ينو	-/0-97
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	Lift (1)
TITLE	P	DETETE	11180		Ehange
NAME	KRIVANEK, JACK		12 NAME	rivarek, JACK :	III
STREET ADDRESS	5056 SW BIMINI CIR		13 STREET ADDRESS	bo Stal - Brankler	wiR
CITY-ST-ZIP	PALM CITY FL		14 CITY-ST-ZIP	entra city FL 3	7990
TITLE	V	DELETE	2 1 1171.1		Change Addition
NAME	KRIVANEK, JACK	, ,	2.2 NAME		
STREET ADDRESS	5056 SW BIMINI CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		2 4 CITY-ST-7iP		
TITLE	TS	☐ DELETE	3.1 THTLE		Change Addition
NAME	KRIVANEK, KAY		3.2 NAME		
STREET ADDRESS	5056 SW BIMINI CIR		3 3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		3 4. CITY - ST - ZIP		
TITLE		DELETE	4 1 TITLE	A	Change Addition
NAME -			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		•	4.4 CITY - S1 - 7IP		
TITLE		DELETE	5.1 TITLE		Charige Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CHTY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			G.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I do hereb information I am an of	a indicated on this annual report or su	pplemental annual report is tru he receives or trustee empowe	r for the exemption states ue and accurate and that ared to execute this repo	d in Section 119 07(3)(i), Florida Statule t my signature shall have the same lega rt as required by Chapter 607, Florida S	il offect as if made under onthe the