

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

FILED

**May 01 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # L60045 (6)
1. Corporation Name
PICTURE PERFECT LANDSCAPE MAINTENANCE & DESIGN, INC.



Principal Place of Business
**% JACK KRIVANEK, II
P.O. BOX 183
PALM CITY FL 34990**

Mailing Address
**% JACK KRIVANEK, II
P.O. BOX 183
PALM CITY FL 34991-0183**

3. Date Incorporated or Qualified **03/26/1990** 3a. Date of Last Report **11/15/1996**

2. Principal Place of Business
21 **3465 Palm city school Ave.**
Suite, Apt. #, etc.
22 **Old A**
City & State
23 **Palm city, FL**
Zip Country
24 **34990** 25 **Martin**

2a. Mailing Address
26 **P.O. Box 193**
Suite, Apt. #, etc.
27
City & State
28 **Palm city, FL**
Zip Country
29 **34991** 30 **Martin**

4. FEI Number **62-1422359** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent
**KRIVANOK, JACK II
3465 SW PALM CITY SCHOOL AVE.
PALM CITY FL 34990**

10. Name and Address of New Registered Agent
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]* DATE **2-10-97**
Signature: typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	KRIVANEK, JACK	1.2 NAME	KRIVANEK, JACK II
STREET ADDRESS	5056 SW BIMINI CIR	1.3 STREET ADDRESS	5056 SW BIMINI CIR
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	Palm city, FL 34990
TITLE	V	2.1 TITLE	
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-ZIP	
TITLE	TS	3.1 TITLE	
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		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	KRIVANEK, JACK	1.2 NAME	KRIVANEK, JACK II
STREET ADDRESS	5056 SW BIMINI CIR	1.3 STREET ADDRESS	5056 SW BIMINI CIR
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	Palm city, FL 34990
TITLE	V	2.1 TITLE	
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-ZIP	
TITLE	TS	3.1 TITLE	
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		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 attachment with an address.

SIGNATURE *[Signature]* DATE **4-25-97** **561-221**

CR2E034 (9/96)