

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000063738 (7)**

1. Corporation Name

EARTH AND TURF LANDSCAPE INC.



Principal Place of Business

10620 LAKE JASMINE DRIVE
SUITE 300
BOCA RATON FL 33498-1503

Mailing Address

10620 LAKE JASMINE DRIVE
SUITE 300
BOCA RATON FL 33498-1503

2. Principal Place of Business

21 **10620 LAKE JASMINE DR.**

2a. Mailing Address

26 **10620 LAKE JASMINE DRIVE**

Subst. Apt. #, etc.

Subst. Apt. #, etc.

23 **BOCA RATON, FL**

28 **BOCA RATON, FL**

24 **33498-1503**

29 **33498-1503**

9. Name and Address of Current Registered Agent

ELKIN, NEAL S
10620 LAKE JASMINE DRIVE
#E
BOCA RATON FL 33498

3. Date of Incorporation or Qualified

09/07/1993

3a. Date of Last Report

04/24/1995

4. FFI Number

65-0435868

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 Statute.

Yes No

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 607.0609 and 607.1002, 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. The hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.1002, Florida Statute.

SIGNATURE

Signature of the registered agent or the person authorized to file this report

Signature of the registered agent or the person authorized to file this report

Date

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ELKIN, NEAL S	
STREET ADDRESS	10620 LAKE JASMINE DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ELKIN, LEMOR A	
STREET ADDRESS	10620 LAKE JASMINE DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	33498-1503
15 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-ST-ZIP	33498-1503
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-ST-ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or its supplement 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 person or persons 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:

Neal S. Elkin

Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96 407 477-3202

DATE BY THE OFFICE

CR2E034 (12/95)