Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90036 030 ***150.00

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

PROFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600000830

1. Corporation	TOUT LANDSCAPING, INC.	.000000		
Principal Place	e of Business	Mailing Address		(1981/1981 III (1911) Brith Bentt Bentt Bentt davn Bentt Bentt Benet I des
Principal Place of Business 2421 NE 13TH STREET FORT LAUDERDALE FL 33304 US		P.O. BOX 111 FORT LAUDERDALE FL 3330 US	2	DO NOT WRITE IN THIS SPACE
00		,		3. Date Incorporated or Qualifed
				12/26/1995
2. Principal Pl	lace of Business	2a. Mailing Address		4, FEI Number Applied For
21	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		65-0636046 Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	27		5. Certificate of Status Desired Fee Required
City & State	9	City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip	Country 10	8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Curren			10, Name and Address of New Registered Agent
			81 Name	
	ORIA & GOFF, P.A.		82 Street A	Address (P.O. Box Number is Not Acceptable)
1040 Bayview Drive Suite 600			-	
	T LAUDERDALE FL 33304		83	_
1011	ENDERIDALE I E GOODT		84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508. Florida Statutes	s, the above-named c	corporation submits this statement for the purpose of changing its registered
office or n agent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut tions of, Section 607.0505, Florid	horized by the corpor da Statutes.	ration's board of directors. I hereby accept the appointment as registered
office or n agent. I as	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agen	of Florida. Such change was aut tions of, Section 607.0505, Florid nt and title if applicable. (NOTE: F	horized by the corpol da Statutes. Registered Agent signature re-	quired when reinstating) DATE
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14. I 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 peport 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 frustee 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 post an attachping with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

City-St-ZIP

JEGNATURE RECAPESTANT

HAVE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/99_

954-563-8443 Daytime Phone #

CR2E034 (11/98)