

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

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Apr 08 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 # P96000089795 (4)

1. Corporation Name
KASPER LANDSCAPING COMPANY



Principal Place of Business

Mailing Address

~~7771 NARCOOSSEE RD
ORLANDO FL 32822~~

~~7771 NARCOOSSEE RD
ORLANDO FL 32822-6643~~

3. Date Incorporated or Qualified 10/29/1996
3a. Date of Last Report

2. Principal Place of Business
21 6804 Matchett Rd
Suite, Apt. #, etc.

2a. Mailing Address 6804
26 same Matchett Rd
Suite, Apt. #, etc.

4. FEI Number 59-3430510
Applied For Not Applicable

22 City & State
23 Orlando, FL

27 City & State
28 Orlando

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

24 32809 25 Orange
29 32809 30 Orange

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

10. Name and Address of New Registered Agent

WINTER, NERY G
407 WEKIVA SPRINGS RD, SUITE 213
LONGWOOD FL

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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 Wayne C. Kasper Wayne C. Kasper 4-3-97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	KASPER, WAYNE	
STREET ADDRESS	7771 NARCOOSSEE RD	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KASPER, WAYNE	
STREET ADDRESS	7771 NARCOOSSEE RD	
CITY-ST-ZIP	ORLANDO FL 32822	
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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Kasper, Wayne
1.4 CITY-ST-ZIP	6804 Matchett Rd Orlando, FL 32809
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Kasper, Wayne
2.4 CITY-ST-ZIP	6804 Matchett Rd Orlando, FL 32809
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Wayne C. Kasper Wayne C. Kasper 4-3-97 (407) 857-1985
DATE Daytime Phone #

CR2E034 (9/96)