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

BOYNTON LANDSCAPE COMPANY, INC.

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90134 033 ***150.00



Principal Place of Business Mailing Address						
4521 PARKER AVENUE 4521 PARKER AVENUE						
W PALM BEACH	+ FL 33405	W PALM BEACH FL 33405	1			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						1 '
						12/23/1996
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21		26				65-0713717 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
27						ree Required -
City & State	City & State	State			6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees
Zip	ip Country Zip		Country			This corporation owes the current year Intangible
24	25 29 30		30	<u> </u>		Personal Property Tax. Yes No
	9. Name and Address of Curren	t Registered Agent		Ε.		10. Name and Address of New Registered Agent
				81	Name	
HORNER, ROBERT R JR					Ct	Address (B.O. Boy Number is Not Acceptable)
4521 PARKER AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)		
W P/	•		83			
Ì	•			84	City	FL 85 Zip Code
				ĻЦ		
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 a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Stat	utes.		,
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered agen		: Registered	Agent	signature	required when relinstating) OATE
12. OFFICERS AND DIRECTORS			13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD DELETE		1.1 Π	1.1 TITLE		Change Addition
NAME	AME HORNER, ROBERT R JR		1.2 NAME			
STREET ADDRESS 4521 PARKER AVENUE			1.3 STR		ADDRESS	
CITY-ST-ZIP W PALM BEACH FL 33405			1.4 CITY-ST-ZIP		-ZIP	
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 N	2.2 NAME		
			2.3 STREET		ADDRESS	
STREET ADDRESS				TY-5		· · ·
CITY-ST-ZIP		□ DELETE	DELETE 3.1 T		1-21F	Change Addition
TITLE	_			3.2 NAME		
NAME				3.3 STREET ADDRESS		
STREET ADDRESS			3.3 \$1	reet	ADDRESS	
CITY-ST-ZIP			_	ΠY-5	T- ZIP	Change Addition
TITLE	☐ DELETE			41 TITLE		☐ Change ☐ Addition
NAME			4.2N	AME		
STREET ADDRESS			4.3 S	REET	ADORESS	
CITY-ST-ZIP			4.4 CI	TY-SI	-ZIP	
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET	ADDRESS	
[5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		_	Change Addition
TITLE				6.2 NAME		
NAME ,	la sua di se				100000	
STREET ADDRESS	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				ADDRESS	
CITY-ST-ZIP				ΠY-\$Ŧ		
44 hereby (certify that the information supplied wit	th this filing does not qualify fo	r the exe	mnti	on state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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 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 appear with an address, with all other like empowered.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

3/9/99

Daytime Phone #