SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PR**OFIT** CORPO**R**ATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

| 1. Corporation Name P9/UUUUU4020 (8) | | | | |
|--|--|---|----------------------------------|--|
| JOE HANLEY'S TREE TRIMMING & LANDSCAPING, INC. | | | | • |
| 1000 117 | STALL O THEE THINNAMED OF | LANDOUATING, INC. | | l ibilibili ila lalik (aak) abin bakk bakk bik bakk bik bakk bik bik bakk bak |
| | | | | |
| Principal Plac | ce of Bus iness | Mailing Address | | |
| | | • | | |
| 507 PRIVATEER ROAD NORTH PALM BEACH FL 33408 | | 507 PRIVATEER ROAD NORTH PALM BEACH FL 33408 | | |
| TOTAL SERVICE STATE SERVICE ST | | | V 700 | DO NOT WRITE IN THIS SPACE |
| | | | | 3. Date Incorporated or Qualified |
| | | range. | | 01/16/1997 |
| · · · | Place of Business | 2a. Mailing Address | | 4. FEI Number Applied For |
| 21 Suite, Apt | # olo | 26 Suite Ant # etc | | 65-0734 /77 Not Applicable |
| 22 | . H, 810. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| City & Sta | te | City & State | | |
| 23 | | 28 | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has pald the current year Intangible |
| 24 | 25 | 29 | 30 | Personal Property Tax due June 30. Yes No |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | |
| ALTMAN, STUART H | | | | |
| 100 S.E. 2ND STREET 82 | | | 82 Street | Address (P.Q. Bex Number is Not Acceptable) |
| 17TH FLOOR | | | L 50 | of Privateor RD. |
| MIAMI FL 33131 83 | | | | |
| 84 City | | | | 85 Zip Code |
| Wolfh Palm Beach FL 33408 | | | | |
| 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 | | forlest 18 | REGIAENT | 8-15-1995 |
| 12. | Signature, typed overinged purposet registeded agen OFFICERS AN | | E: Registered Agent signatu 13. | re required when reinstaling) DATE |
| TITLE | | DELETE | 1.1 TITLE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| NAME | | L. DELETE | 1.2 NAME | Addition Addition |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | Trielling Oseph MNEY II |
| CITY-ST-ZIP | | | 1.4 CITY-ST-ZIP | Nach Pain Beach F 33408 |
| TITLE | | DELETE | 2.1 TITLE | Change Addition |
| NAME | | L. OECETE | 2.2 NAME | Change L Addition |
| STREET ADDRESS | <u> </u> | | 2.3 STREET ADDRESS | 'بيه |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | · |
| TITLE | | DELETE | 3.1 TITLE | Change Addition |
| NAME | | | 3.2 NAME | J Strangs Addition |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 4.1 TITLE | Change Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | 4.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 5.1 TITLE | Change Addition |
| NAME | | | 5.2 NAME | - - |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 6.1 TITLE | Change Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |

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 attachment with an address.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

Oct 01 1998 8:00am

Secretary of State