

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90074 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S94741

1. Corporation Name
A. DEBARTOLO LANDSCAPING, INC.

Principal Place of Business 1381 PINE VALLEY DRIVE WEST WEST PALM BEACH FL 33414	Mailing Address 1381 PINE VALLEY DRIVE WEST WEST PALM BEACH FL 33414
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ISSIO ROLLING MEADOW CIR	2a. Mailing Address 26 ISSIO ROLLING MEADOW CIR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State WELLINGTON FL	28 City & State WELLINGTON FL
24 Zip 33414 25 Country USA	29 Zip 33414 30 Country USA

3. Date Incorporated or Qualified 11/06/1991	
4. FEI Number 65-0293483	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

DEBARTOLO, ANTOINETTA
 1381 PINE VALLEY DRIVE WEST
 WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name IMMACOLATA ZOTTOLI
82 Street Address (P.O. Box Number is Not Acceptable) ISSIO ROLLING MEADOW CIR
83
84 City WELLINGTON FL
85 Zip Code 33414

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 **IMMACOLATA ZOTTOLI** *[Signature]* **Zottoli** *[Signature]* **1/29/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBARTOLO, ANTOINETTA	1.2 NAME	
STREET ADDRESS	1381 PINE VALLEY DRIVE W	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D P/S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMMACOLATA ZOTTOLI	2.2 NAME	
STREET ADDRESS	ISSIO ROLLING MEADOW CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* **Machey Zottoli** *[Signature]* **Zottoli**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/29/99** Daytime Phone #: **793-1457**

CR2E034 (11/98)