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95 MAY -1 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V29527** (1)

1. Corporation Name  
**MON JARDIN LANDSCAPING, INC.**

Principal Place of Business Mailing Address  
~~4740 S.E. DOGWOOD TERRACE~~ ~~4740 S.E. DOGWOOD TERRACE~~  
~~STUART FL 34987~~ ~~STUART FL 34987~~  
~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/14/1992** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0339116** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under S. 193.002, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **5069 SE PINE RIDGE WAY** 26 **SAME**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **STUART FL** 28  
Zip Country Zip Country  
24 **34997** 25 **US** 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**LOUSBERG, JEAN MARIE** 81 Name  
~~4740 S.E. DOGWOOD TERRACE~~ 82 Street Address (P.O. Box Number is Not Acceptable) **5069 SE PINE RIDGE WAY**  
~~STUART FL 34987~~ 83  
84 City **STUART** FL 85 Zip Code **34997**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOUSBERG, JEAN MARIE</b>	12 NAME	
STREET ADDRESS	<b>4740 SE DOGWOOD TERR</b>	13 STREET ADDRESS	<b>5069 SE PINE RIDGE WAY</b>
CITY ST ZIP	<b>MIAMI FL 34987</b>	14 CITY ST ZIP	<b>STUART, FL 34997</b>
TITLE	<b>D</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOUSBERG, MYRIAM RUWET</b>	22 NAME	
STREET ADDRESS	<b>4740 SE DOGWOOD TERR</b>	23 STREET ADDRESS	<b>5069 SE PINE RIDGE WAY</b>
CITY ST ZIP	<b>STUART FL 34987</b>	24 CITY ST ZIP	<b>STUART, FL 34997</b>
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	<b>600001474536</b>
STREET ADDRESS		43 STREET ADDRESS	<b>-05/03/95--01178--020</b>
CITY ST ZIP		44 CITY ST ZIP	<b>***200.00 ***200.00</b>
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. Further, I 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: \_\_\_\_\_ DATE: **04-24-95**  
(Signature, typed or printed name of signing officer or director) (Date)