

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
James B. Morhart
Secretary of State
Tallahassee, Florida 32399-0001

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DOCUMENT # **S54647** (0)

ADVANCED LANDSCAPE SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Place of Business: **8818 SHERMAN MOUNTAIN RD CHEYENNE WY 82009**
 2. Mailing Address: **8818 SHERMAN MOUNTAIN RD CHEYENNE WY 82009**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1991		3a. Date of Last Report: 10/11/1994	
4. FEI Number: 65-0267705		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	
7. Does corporation have liability for delinquent tax under C. 190.005, Florida Statutes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30

9. Name and Address of Current Registered Agent CHARLES, DAVID J 11767 S DIXIE HWY SUITE 112 MIAMI FL 33156-4438		10. Name and Address of New Registered Agent	
		B1	Name
		B2	Street Address (P.O. Box Number is Not Acceptable)
		B3	
		B4	City
		FL	B5 Zip Code

11. Pursuant to the provisions of Sections 607.005 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and 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 a member of the board of directors of the corporation as of the date of filing this statement.

SIGNATURE: _____ Title: _____
 Title of Registered Agent or other registered officer: _____ Title: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 NAME: PSD GILARSKI, STUART STREET ADDRESS: 6160 PLAINS DR LAKE WORTH FL CITY: LAKE WORTH		11.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME: VTD GILARSKI, TRUDI STREET ADDRESS: 6160 PLAINS DR LAKE WORTH FL CITY: LAKE WORTH		11.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.3 NAME		11.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.4 NAME		11.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.5 NAME		11.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6 NAME		11.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.7 NAME		11.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.8 NAME		11.8 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.9 NAME		11.9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10 NAME		11.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 190.005(1)(b), Florida Statutes. I further certify that the information is filed in the general report or supplemental annual report as required and is accurate and that only signatures shall have the same legal effect as if made under oath. I am president or officer of the corporation or the owner or holder of any security interest in the corporation and I hereby consent to make this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of the officers and directors of the corporation as of the date of filing this statement.

SIGNATURE: *Trudi J. Gilarski* Vice President 5/1/95 307-635-4960
 SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR