

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

FILED

Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 251520 (3)

1. Corporation Name  
EVERGLADES SOD & LANDSCAPING, INC.



Principal Place of Business  
19100 KROME DRIVE  
MIAMI FL 33187-2004

Mailing Address  
19100 KROME DRIVE  
MIAMI FL 33187-2087

3. Date Incorporated or Qualified  
09/25/1961

3a. Date of Last Report  
04/24/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0939562		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent GLASSFORD, DALE C. PARK PLACE OF KENDALL 13410 SW 128 STREET MIAMI FL 33186				10. Name and Address of New Registered Agent			
				81 Name Carrie S. Lavargna, Esquire			
				82 Street Address (P.O. Box Number is Not Acceptable) 9250 S.W. 83 Street			
				83			
				84 City MIAMI, FL 85 Zip Code 33173			

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: *Carrie S. Lavargna* DATE: 1/10/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAVARGNA, LISA B			1.2 NAME			
STREET ADDRESS	9395 SW 68TH ST			1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 00000			1.4 CITY - ST - ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAVARGNA, LAURENCE P			2.2 NAME			
STREET ADDRESS	9395 SW 68TH ST			2.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 00000			2.4 CITY - ST - ZIP			
TITLE	VSD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRANHAM, TONI L			3.2 NAME			
STREET ADDRESS	19863 SW 82ND STREET			3.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 00000			3.4 CITY - ST - ZIP			
TITLE	PDC	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAVARGNA, ANTHONY H			4.2 NAME			
STREET ADDRESS	9395 SW 68TH ST			4.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI, FL 00000			4.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURLESON, CINDY LEE			5.2 NAME			
STREET ADDRESS	19001 SW 272 ST			5.3 STREET ADDRESS			
CITY - ST - ZIP	HOMESTEAD, FL 00000			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 do 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 unchanged, or on an Attachment with an address.

SIGNATURE: *Carrie S. Lavargna* DATE: 1/14 97 DAYTIME PHONE: 305-235-5411

CR2E034 (9/96)