

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

FILED
Jul 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33187-2004
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/25/1961	
21		26 19120 KROME AV		4. FEI Number 59-0939562	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 MIA FL 3		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29 33187		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30 DADE			

9. Name and Address of Current Registered Agent

**LAVARGNA, CARRIE S. E
9250 SW 83RD ST
13410 SW 128 STREET
MIAMI FL 33173**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVARGNA, LISA B	12 NAME	
STREET ADDRESS	9395 SW 66TH ST	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVARGNA, LAURENCE P	22 NAME	
STREET ADDRESS	9395 SW 66TH ST	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	24 CITY-ST-ZIP	
TITLE	VSD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANHAM, TONI L	32 NAME	
STREET ADDRESS	19863 SW 82ND STREET	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	34 CITY-ST-ZIP	
TITLE	PDC	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVARGNA, ANTHONY H	42 NAME	
STREET ADDRESS	9395 SW 66TH ST	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURLESON, CINDY LEE	52 NAME	
STREET ADDRESS	19001 SW 272 ST	53 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 00000	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	

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-07/07/98--01063--012
*****450.00**

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.

CR2E034 (10/97)

2



Nurseries:
HOMESTEAD, FLORIDA
PHONE 235-5465

The Botanical Gardens Nursery

The Finest in Plant Materials

Grove Division

Mailing Address:
19120 KROME AVENUE
PERRINE, FLORIDA 33187

*Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500*

*To: Department of State
From: Anthony Lavargna
Ref. Corporate Annual Reports*

Date: June 26, 1998

Dear Gentlemen:

*We did not receive the first notice forms for filing the
Corporate Annual Returns for the following 3 corporations.
They were mailed to an old address.*

- 1. The Botanical Garden Center, Inc.
Document # 677660*
- 2. The Botanical Gardens Nursery, Inc.
Document # 677661*
- 3. Everglades Sod and Landscaping, Inc
Document # 251520*

*The correct address for all three corporations is 19120
Krome Ave Miami, Fla 33187.*

*Please consider abating any penalty due in view of this
problem. Attached please find a check for \$450.00. Normal fee
to cover all 3 corporations.*

Yours Truly,

Anthony Lavargna
Anthony Lavargna