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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

505659

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T. A. ALTMAN LANDSCAPING, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business ESSA Allona RADD P. 0. 803 38091 ELBOURNE FI. 3298-7891 ELBOURNE FI. 329							
### P. O. BOX 3809/I MELBOURNE FI. 3298-3599 MELBOURNE FI. 3299-3599 MELBOURNE FI. 3299-3599-369 MELBOURNE FI. 3299-3599-369-369-369-369-369-369-369-369-369-3	Principal Place of B	usiness	Mailing Address			L CORNEL BILLI ADIDE BILLI BILLI DICER FELL E	IANI AIRIT AIRIT BIBIT BIBIT EIBIT TABL
## MELBOURNE FL 22005 S. Date Incorporated or Qualified GS/22/1976 2. Principal Place of Business 2a. Mailing Address 4. FET Number September Septe							
Designation		·	ne e		DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE	
P. Principal Place of Business 22. Melting Additions 59-176874	MELDOURNE PL 34	(900-709)		30			17,100,1102
P. Principal Place of Business 22. Melting Additions 59-176874			_			06/22/1976	
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State Power Powe	Suite, Apt. #, etc).	Suite, Apt. #, etc.		<u> </u>		
Indian Harbour Beach, FL 28 Melbourne, FL 28 Melbourne, FL 28 Melbourne, FL 29 32937 Country 29 32936 30 Brevard Spream Spre						5. Serimode of Status Besilios	Fee Reguired
Zip 23937 Zip Country Strevard Zip Szevard Zip Z	<u> </u>		— 1 M-11 1₩		1		
28 32937					oto.		
\$ Name and Address of Current Registered Agent ALTMAN, T. A. 2384 AURORA ROAD MELBOURNE FL 32935 ***Suite H*** ***Suite H*** ***Present to the provisions of Sections 607 0CD and 607 1608. Florids Statutes, the above named composition submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607 0CGS, Florids Statutes. ***Present to the provisions of Sections 607 0CD and 607 1608. Florids Statutes the above named composition submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607 0CGS, Florids Statutes. ***Present to the provisions of Sections 607 0CGS, Florids Statutes the above named composition submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607 0CGS, Florids Statutes. ***Suite H** ***Present to the provisions of Section 607 0CGS, Florids Statutes. ***Single Harbour Beach ***FL** ***Suite H** ***Present to the provisions of Section 607 0CGS, Florids Statutes. ***Suite H** ***Suite H** ***Present to the provisions of Section 607 0CGS, Florids Statutes. ***Present Address of New Registered Agent.** ***Present Address of New Registered Agent.** ***Present Address of New Registered Agent.** ***India Harbour Beach ***FL** ***Present Address of New Registered Agent.** ***India Harbour Beach ***FL** ***Present Address of New Registered Agent.** ***India Harbour Beach ***FL** ***India Harbour Beach ***Ind	~~~~		h		•		~ ~ ~
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MELBOURNE FL 32935 Suite H	<u></u>				81 Name		
MELBOURNE FL 32935 Suite H					T.	A. Altman	
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11, Pursuant to the provisions of Socionis 607 0502 and 607 1508. Florada Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socion 607 0505, Florida Statules. SIGNATURE				Į.		ıite H	
11, Pursuant to the provisions of Socionis 607 0502 and 607 1508. Florada Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socion 607 0505, Florida Statules. SIGNATURE						adian Uarbaum Basah	85 Zip Code
office or registered agent, or hech, in the State of Flerida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent am familiar with, and accept the obligations of Soction 607 (0505, Florida Statules. SIGNATURE 12.	11. Pursuant to the	provisions of Sections 607 05	o02 aprl 607 1508, Florida Sta	alules the ab			
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME ALTMAN, T. A. 1515 N WICKHAM RD 1516 N WICKHAM RD 1516 N WICKHAM RD 1516 N WICKHAM RD 1517 N WICKHAM RD 1516 N WICKHAM RD 1516 N WICKHAM RD 1517 N WICKHAM RD 1516 N WICKHAM RD 1517 N WICKHAM RD 1518	office or registe	red agent, or both, in the Sta	le of Florida. Such change wa	as authorized	by the corp	poration's board of directors. I hereby accept the	ne appointment as registered
12.	agent i am iam	на т w itn, a nd accept the obli	данона вт. Бесноп вотдоов,	, Fiorida Siali	лes.		
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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.