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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 505659 (3)

1. Corporation Name
T. A. ALTMAN LANDSCAPING, INC.

Principal Place of Business	Mailing Address
2364 AURORA ROAD P. O. BOX 360911 MELBOURNE FL 32936-7691	2364 AURORA ROAD P. O. BOX 360911 MELBOURNE FL 32936 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1976

4. FEI Number: 59-1768744 ☐ 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 10 Palmer Road	26 P.O. Box 360911
Suite, Apt. #, etc. 22 Suite H	Suite, Apt. #, etc. 27
City & State 23 Indian Harbour Beach, FL	City & State 28 Melbourne, FL
Zip / Country 24 32937 / 25 Brevard	Zip / Country 29 32936 / 30 Brevard

9. Name and Address of Current Registered Agent

ALTMAN, T. A.
2364 AURORA ROAD
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name: T.A. Altman
82 Street Address (P.O. Box Number is Not Acceptable): 10 Palmer Road
83 Suite H
84 City: Indian Harbour Beach FL 85 Zip Code: 32937

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALTMAN, T. A.		1.2 NAME		
STREET ADDRESS	1515 N WICKHAM RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	D	XX Change ☐ Addition
NAME	ALTMAN, ALEX B.		2.2 NAME	Altman, Alex B.	
STREET ADDRESS	1515 N WICKHAM RD		2.3 STREET ADDRESS	1225 N. Hwy A1A	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ALTMAN, ROBERTA		3.2 NAME		
STREET ADDRESS	1515 N WICKHAM RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALTMAN, ROBERTA		4.2 NAME		
STREET ADDRESS	1515 N WICKHAM RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	JC $000250986 5	
STREET ADDRESS			6.3 STREET ADDRESS	-05/04/98--01088--039	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	

CR2E034 (10/97)

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.

SIGNATURE: _____