COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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28 Zip

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PO BOX 360911 MELBOURNE FL 32936

PROFIT CORPORATION ANNUAL REPORT

1999

ncipal Place of Business

IAN HARBOUR BEACH FL 32937

Principal Place of Business

ALTMAN, T. A.

10 PALMER RD SUITE H

Suite, Apt. #, etc.

City & State

Zip

PALMER RD

TF H



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT #
Corporation Name 505659

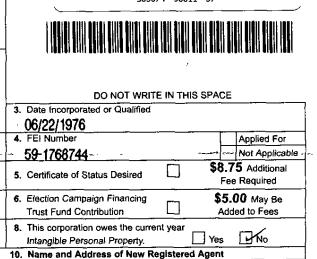
T. A. ALTMAN LANDSCAPING, INC.

Country

INDIAN HARBOUR BEACH FL 32937

9. Name and Address of Current Registered Agent

FILED Jul 09, 1999 8:00 am **Secretary of State** 07-09-1999 90011 037 ***550.00



Street Address (P.O. Box Number is Not Acceptable)

84 85 Zip Code 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.

Country

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agent. 1	an idininal with, and accept the obligations of occi-	1011 001 .0000, 1 .0.	ida Otoraros.	
IGNATURE .				uired when reinstating) DATE
	Signature, typed or printed name of registered agent and title if applica		E: Registered Agent signature request 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<u>?. </u>	OFFICERS AND DIRECTOR		1.1 TITLE	
1£	PD	DELETE] Change] Additi
ME	ALTMAN, T. A.		1.2 NAME	
REET ADDRESS	1515 N WICKHAM RD		1.3 STREET ADDRESS	
ry-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	
re .	j D	DELETE	2.1 TITLE	Change Additi
ME .	ALTMAN, ALEX B.		2.2 NAME	
REET ADDRESS	1225 N HWY A1A		2.3 STREET ADDRESS	·
TY-ST-ZIP	INDIATLANTIC BEACH FL 32903		2.4 CITY-ST-ZIP	
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ME !	ALTMAN, ROBERTA		3.2 NAME	
REET ADDRESS	1515 N WICKHAM RD		3.3 STREET ADDRESS	
TY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP	
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REET ADDRESS	1515 N WICKHAM RD		4.3 STREET ADDRESS	
ry-st-zip	MELBOURNE FL		4.4 CITY-ST-ZIP	
LE	Injustration of the second	DELETE	5.1 TITLE	Change Addit
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REET ADDRESS			5.3 STREET ADDRESS	•
			5.4 CITY-ST-ZIP	
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	1	DELETE		Change Addii
ME			6.2 NAME	
REET ADDRESS			6.3 STREET ADDRESS	
	I .		CADITY OF TIO	

4. 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.

7-6-99 407-773-2000