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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 611204

(9)

LANDSC Principal Place	APING BY STEVE BLAUM,	INC. Mailing Address			
4540 SW 75TH AVE 4540 SW 75TH AVE MIAMI FL 33155 4431					
				3. Date Incorporated or Qualified 02/27/1979	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For
21]		26		59-1927855	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		26		Trust Fund Contribution	Added to Fees
Zip G	Country	Zip	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes \[\int \] No
?4	9. Name and Address of Curre	29 nt Registered Agent	130	10. Name and Address of New Re	
	um, steve		81 Name		
2602 COUNTRY CLUB PR.			82 Street Ad	dress (P.O. Box Number is Not Acceptate	ole)
COR	VAL GABLES FL 33134		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Section 607.050	02 and 607.1508, Florida Statu	ites, the above-named co	orporation submits this statement for the pration's board of directors. I hereby accept	ourpose of changing its registered
agent La	m familiar with and a contithe oblig	ations of, Section 607,0605, F	torida Statutes	ration's board of directors, Thereby accep	of the appointment as registered
SIGNATURE	Signature, typing and nate of registered ag	ent and Me rapplicable, (NO	YE: Registered Agent signature rec	outer when reinstaling	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TELF	CP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BLAUM, NANCY		1.2 NAME		
STREET ADDRESS	2602 COUNTRY CLUB PR. CORAL GABLES FL		1.3 STREET ADDRESS		
CHY-S1-ZIP THLE	SV	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	BLAUM, STEVE	had becare	2.2 NAME		and statings and station
STREET ADDRESS	2502 COUNTRY CLUB PR.		2.3 STREET ADDRESS		
CETV+ST+70P	CORAL GABLES FL		2 4 CITY-ST-ZIP		
THE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		
Title		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		·
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CiTY+ST+ZiP		
THILE		☐ DELETE	51 TITLE	•	Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CHY+SI+ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAMÉ			6.2 NAME	`	
STREET ADDRESS			6.3 STREET ADDRESS		
CHY-ST-ZIP	as each, that the internation of put	d with this Une does not a re-	6.4 City-St-ZIP	ted in Section 119.07(3)(i), Florida Statute	se I further certify that the
informatio	or indicated on this appual report or	sunntemental annual report is	true and accurate and th	nat my signature shall have the same legs port as required by Chapter 607, Florida s	al effect as if made under cath, that

SIGNATURE:

GUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97 (305)244.7200

FILED

May 09 1997 8:00am

Secretary of State