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## PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 614237

(6)

FILED Mar 31 1998 8:00am Secretary of State

| 1. Corporatio   | LAX LANDSCAPING, INC.   | (0)                                 |   |  | il âddin stanî diskî sibir iâdi |
|---|---|-------------------------------------|---|--|---------------------------------|
| ī   |   |                                     |   |  |                                 |
| Principal Plac  | e of Business   | Mailing Address                     |   | 1 1001(8 8)(01 1)0)( 8)014 11886 1())( 1001 8)8() 4)   | il Albil Bibli Qtvil Bibli 1761 |
|   | I AO No Longe Water   | PO BQX 524                          | 4   |  |                                 |
| SILVER SERI   | VGS FL 34489-0577   | SILVER SPRINGS FL 34488             | POST NOTES                                    |  |                                 |
| US  | 3 GARDEN Ave.   | NS CO                               | e this FL, address                            | DO NOT WRITE IN THIS   | SPACE                           |
|   | AMI BEACH, FL 33140   | SAME SE                             | not possible to not out of state              | 3. Date Incorporated or Qualified 03/26/1979   |                                 |
|   | Place of Business   | 2a. Mailing Address                 | <del>`</del>                                  | 4. FEI Number  | Applied For                     |
| 21 3/0/   | CR 400  |                                     | 1640  | 59-1897019   | Not Applicable                  |
| Suite, Apt  | #, etc.   | Suite, Apt. #, etc.                 | <u>,                                     </u> |  | \$8.75 Additional               |
| 22 NO M   | ALL DELIVERY T  | 27                                  |   | 5. Certificate of Status Desired   | Fee Required                    |
| City & Stat   | e 52.5 //0  | City & State                        |   | 8. Election Campaign Financing   | \$5.00 May Be                   |
| 23 PAGOS  |   | 28 Pagosa Spr                       |   | Trust Fund Contribution  | Added to Fees                   |
| Zip   | Country USA   | Zip Zip Z 2/40                      |   | 8. This corporation owes or has paid the cu  |                                 |
| 24 8114   | 9. Name and Address of Current  |                                     | 10 USA  | Personal Property Tax due June 30.  10. Name and Address of New Registered                               |                                 |
| I F\  | VINE, I. STANLEY  |                                     | 81 Name                                       |  |                                 |
| 1110 ROICKELL AVE 7TH FLOOR   |   |                                     |   |  |                                 |
|   | VMI FL., 33131  |                                     | 82 Street Addre                               | ess (P.O. Box Number is Not Acceptable)  |                                 |
|   |   |                                     | 83  |  |                                 |
|   |   |                                     | 84 City                                       |  | 85 Zip Code                     |
| _   |   |                                     | Jones Oilly                                   | FL   | _ 2ip 0006                      |
| 11. Pursuant  | to the provisions of Sections 607.0502 registered agent, or both, in the State of | and 607.1508, Florida Statutes      | s, the above-named corporation                | oration submits this statement for the purpose open's board of directors. I hereby accept the app        | 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, typind or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  Output  DATE  |   |                                     |   |  |                                 |
| 12.   | Signature, typicd or printed name of registered agent a<br>OFFICERS AND I         | <del></del>                         | 13.   | d whon reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN  | D DIRECTORS IN 12               |
| TITLE   | P   | DELETE                              | 1.1 TITLE                                     | 7,000,000,000,000,000,000,000,000,000  | ☐ Change ☐ Addition             |
| NAME  | LEVINE, KENNETH   | or                                  | 1.2 NAME                                      |  | -                               |
| STREET ADDRESS  |   | BOX 3640                            | 1.3 STREET ADDRESS                            |  |                                 |
| CITY-ST-ZIP   | MIAMI BEACH FL -> Pag   | gosa Springs CO                     | 1.4 CITY-ST-ZIP                               |  |                                 |
| TITLE   | 33140   | □ DELETE8/14                        | 2.1 TITLE                                     |  | Change Addition                 |
| NAME  |   |                                     | 2.2 NAME                                      |  | ,                               |
| STREET ADDRESS  |   |                                     | 2.3 STREET ADDRESS                            |  |                                 |
| CITY-ST-ZIP   |   | Delett                              | 2 4 CITY-ST-ZIP                               | <u> </u>   |                                 |
| TITLE   |   | ☐ DELETE                            | 3.1 TITLE                                     |  | Change Addition                 |
| NAME  |   |                                     | 3.2 NAME                                      |  |                                 |
| STREET ADDRESS  |   |                                     | 3.3 STREET ADDRESS                            |  | i                               |
| CITY-ST-ZIP<br>TITLE  |   | DELETE                              | 3.4. CHTY-ST-ZIP<br>4.1 TITLE                 |  | Change Addition                 |
| NAME  |   |                                     | 4. 2 NAME                                     |  |                                 |
| STREET ADDRESS  |   |                                     | 4.3 STREET ADDRESS                            |  |                                 |
| CITY-ST-ZIP   |   |                                     | 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                                      |  | ļ                               |
| STREET ADDRESS  |   |                                     | 6.3 STREET ADDRESS                            |  |                                 |
| CITY-ST-ZIP   | and the three three informations are  | Alica Aricana de como esta esta del | 6.4 CITY-ST-2IP                               | (20) (40 07(0)()) Except Control (5.0)   | antification to the second      |
| indicated   | on this annual report or supplemental a   | innual report is true and accur     | rate and that my signature                    | section 119.07(3)(i), Florida Statules. I further co<br>e shall have the same legal effect as if made ur | nder 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                             |   |                                     |   |  |                                 |