FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT #
1. Corporation Name (7)616288 LAMAR'S LANDSCAPING,INC.



Principal Place of Business Mailing Address					I IMBIIN DINE HOLD AFFIR HOUR AUTO	i i i i i i i i i i i i i i i i i i i	1811 91811 9	(811 8191) 1881	
2141 C RD		2141 C RD	2141 C RD LOXAHATCHEE FL 33470						
LOXAHATCHEE	FL 33470	LOXAHATCH				2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3a. Date o	d last De	anort
						3. Date Incorporated or Qualified 04/03/1979	I	24/199	
2. Principal Pla	ce of Business	2a. Mailing A	ddress			4. FEI Number			Applied For
'		26	26			59-1898489			Not Applicable
Suite, Apt. #	, etc.	Suite, Ap	t. #, etc.			5. Certificate of Status Desired			Additional Required
2		[27]	nto			6. Election Campaign Financing			May Be
City & State	•	City & Sta	ate			Trust Fund Contribution			d to Fees
Zip	Country	Zip	T	Country		8. This corporation has liability for		under s	199.032,
4]	25	29	30]		Tiorioti Ottituto	S □ No		
	9. Name and Address of Curre	ent Registered Age	ent			10. Name and Address of New I	Registered A	gent	
				81	Name	,			
RIMEL, L	amar		82 Street Add			dress (P.O. Box Number is Not Acceptable)			
	BBLE BEACH ROAD		83						
LAKE W	orth fl							1	
				84	City		FL	85 Zu	p Code
	Signature, typed or printed name of registered ag- OFFICERS A	nt and site if applicable ND DIFIECTORS	(NOIL: P	ngistered Ager	nt a gnature requir	ed when roinstalling) ADDITIONS/CHANGES TO OF			
12.	T		DELETE	1. 1 TITLE	T	Applification of the control of		Change	Addition
TITCE NAME	PD RIMEL, LAMAR			1.2 NAME					
STREET ADDRESS	3043 PEBBLE BEACH RD			1.3 STREE	ADDRESS				
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STREET ADDRESS					T ADDRESS				
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

PLAN HA A STEEL NAME OF SIGNING OFFICER OR DIRECTOR

AIMEL

H/27/96

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