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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 637832 1. Corporation Name

SCHUPKA TREE SERVICE, INC.

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90030 022 \*\*\*150.00

|--|

							<b>e</b> li <b>a</b> liani iaan
Principal Place	e of Business	Mailing Address			1 1001/5 bits 1111/10021 18/29 1/110 ()	6) A1911 A1A12 S1811 A1A11 41	g., 01011 ( <b>6</b> 01
1311 N.W. 100	AVENUE	1311 N.W. 100 AVENUE					
CORAL SPRING		CORAL SPRINGS FL 33071			DO NOT WELTE	LI THE COACE	
				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
			<del></del>		09/20/1979 4. FEI Number		lied For
2. Principal Place of Business 2a. Māiling Address					"	<del>}-  </del>	Applicable
21 26					59-1951261	\$8.75 A	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Rec	
		City & Ctato	City & Chata		Floring Compains Floring		
City & State		<b>⊢</b>	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 h Added to	
23							1 000
Zip Country		<b>⊢</b>	, _,		8. This corporation owes the current year Intangible Personal Property Tax.		
24	. 25	29	30		10. Name and Address of New Regi		
	9. Name and Address of Current	Keðisteien Yðaur	_	81 Name	10. Hame and Madrees of the		_
SCH SCH	IUPKA, ROBERT						
	I N.W. 100 AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptable	)	
	IAL SPRINGS FL 33071			83	<del></del>		
l cou	INE OFFICIOUS I E SOUT			03	•		
				84 City		85 Zip C	ode
				<u> </u>	poration submits this statement for the pur		- aictored
agent. I a SIGNATURE	m familiar with, and accept the obligation			Agent signature requi	ed when reinstating)	DATE	
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	.P	☐ DELETE	1.1 TI	TLE		Change	Addition
NAME	SCHUPKA, ROBERT		1.2 N	AME.	•		
STREET ADDRESS	4044 51384 400 514551115		1.3 \$	REET ADORESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 C	TY-ST-ZIP			
TITLE	DST	☐ DELETE	2.1 TI	TLE		☐ Change	☐ Addition
NAME	SCHUPKA, CARMEL		2.2 N	AME			
STREET ADDRESS	1311 N.W. 100 AVENUE		2.3 \$	TREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2.40	TY-ST-ZIP			
TITLE	00/8/2 0.7/1/1/02 / 2 000 /	☐ DELETE	3.1 TI			Change	Addition
NAME	`		3.2 N	AME	. مد سبت		
STREET ADDRESS			i i	REÊT ADORESS			
1		والمراجع المراجع		ITY-ST-ZIP	,	<u></u>	
TITLE .			4.1 Ti			☐ Change	Addition
NAME			4.21				
STREET ADDRESS	1			TREET ADDRESS			
		•		TY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	5.1 Ti		The state of the s	Change:	. Addition
NAME	W. San San		5.2 N			AND SOUTH	
STREET ADDRESS				TREET ADDRESS	<b>y 4</b> ········		
ł							
CITY-ST-ZIP		•	5.4 C	HY-SI-ZP I			
		☐ DELETE	5.4 C 6.1 T	TY-ST-ZIP		☐ Change	Addition
TITLE	क्षा का विश्व के लिए	. DELETE	6.1 T	TLE		Change	Addition
NAME	50·69 第二年97年 9	☐ DELETE	6.1 T	TLE AME		☐ Change	Addition
	त्राम्य सार्वे भ्रम्म १३ व्या	☐ DELETE	6.1 T 6.2 N 6.3 S	TLE		☐ Change	Addition

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 attactment with an address, with all other like empowered.

**SIGNATURE:**