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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G03497** (6)

1. Corporation Name
FLORIDA DESIGN IRRIGATION, INC.



Principal Place of Business
**1326 S. KILLIAN DRIVE
LAKE PARK FL 33403
US**

Mailing Address
**1326 S. KILLIAN DR.
LAKE PARK FL 33403-1919
US**

3. Date Incorporated or Qualified 10/07/1982	3a. Date of Last Report 04/24/1996
4. FEI Number 59-2236164	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**MINTZER, PHILIP H
1326 S. KILLIAN DRIVE
LAKE PARK FL 33403**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MINTZER, PHILIP H	1.2 NAME	JO-ANN Escott Escott
STREET ADDRESS	1326 S. KILLIAN DRIVE	1.3 STREET ADDRESS	1326 South Killian Drive
CITY - ST - ZIP	LAKE PARK FL	1.4 CITY - ST - ZIP	LAKE PARK, FL 33403
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, THOMAS H.	2.2 NAME	
STREET ADDRESS	10288 ALLAMANDA BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RING, TERENCE J.	3.2 NAME	Terrence Ring
STREET ADDRESS	15650 7ST DR NORTH	3.3 STREET ADDRESS	1326 South Killian Drive
CITY - ST - ZIP	PALM BCH GARDENS FL	3.4 CITY - ST - ZIP	LAKE PARK, FL 33403
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, ELIZABETH	4.2 NAME	
STREET ADDRESS	10288 ALLAMANDA BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97

561-845-1233

CR2E034 (9/96)