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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997
DOCUMENT # G45039

(6)

MASSEY LANDSCAPING, INC.

FILED	
Feb 05 1997 8:00am	ì
Secretary of State	

DH DD



Principal Plac	ce of Business	Mailing	Mailing Address			t tablist dals desait Attis Abadd stich Libis arest didit albit albit desit desit desit fina					
14825 NE 10TH AVENUE P O BOX 811251 NORTH MIAMI FL 33161-9455		P O BO	14825 NE 10TH AVENUE P O BOX 611251 NORTH MIAMI FL 33161-2455								
	· / • • • • • • • • • • • • • • • • • •						3. Date incorporated 05/25/1983	or Qualified		e of Last I <b>5/1996</b>	Report
2. Princ pal f	Flace of Business	2a, Maili	ng Address				4. FEI Number			A	pplied For
21		26		·····			59-2294727			<del> </del>	lot Applicabl
Suito, Apt	! #, elc.	F3	a, Apt. #, etc.				5. Certificate of Stat	us Desired			Additional lequired
City & Sta	147.	27 City	& State				6. Election Campaig	- C			·······
3		28	G Glaic				Trust Fund Contri				May Be to Fees
Zip	Country	Zφ		Co	untry		8. This corporation I	· · · · · · · · · · · · · · · · · · ·			
4	25	29		30			Florida Statutes		Yes [		
	<ol><li>Name and Address of Curr</li></ol>	ent Registered	Agent				10. Name and Addre	ss of New Re	gistered A	gent	
MA	SSEY EDWARD				81	Name					
148	825 N 10AVE				82	Street Add	ress (P.O. Box Number is	Not Acceptat	le)		
	MIAMI FL 33161								-,		
					83						
					84	City				<b>85</b> Zip	Code
						City			FL	63   21P	COGE
SIGNATURE	Sign color by coordinated transporting itematic	age and their applicance		TE Register		nt signature requ	red when reinstating)  ADDITIONS/CHAN	GES TO OFFIC	DATE CERS AND	DIRECTO	RS IN 12
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NAME	BOYD, MARILYN			22	NAME		4				
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14. I do nereby certify that the information supplied with this fring 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 charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/27/97

305-945-1397

me Phone #