
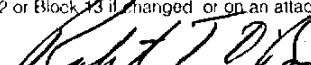


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 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 # <b>G48165</b> (6)					
1. Corporation Name <b>R. F. O'BRIEN LANDSCAPING, INC.</b>					
Principal Place of Business <b>2950 NW 132 TERR OPA LOCKA FL 33054</b>			Mailing Address <b>P.O. BOX 540482 OPA LOCKA FL 33054-0482 US</b>		
2. Principal Place of Business 21 <b>1551 S.W. 129 Way</b> Suite, Apt. #, etc. 22 City & State 23 <b>DAVIE, FL.</b> Zip 24 <b>33325</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>P.O. BOX 550435</b> Suite, Apt. #, etc. 27 City & State 28 <b>FORT LAUDERDALE, FL.</b> Zip 29 <b>33355</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>07/11/1983</b> 3a. Date of Last Report <b>08/13/1996</b> 4. FEI Number <b>59-2418286</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>O BRIEN, ROBERT F. 2950 NW 132 TER OPA LOCKA FL 33054</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>1551 S.W. 129 WAY</b> 83 84 City <b>DAVIE, FL.</b> FL 85 Zip Code <b>33325</b>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	<b>O BRIEN, ROBERT</b>				
STREET ADDRESS	<b>1551 S.W. 129 WAY</b>				
CITY - ST - ZIP	<b>DAVIE FL 33325</b>				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	<b>O'BRIEN, FRANK</b>				
STREET ADDRESS	<b>1014 WELDSTONE CT</b>				
CITY - ST - ZIP	<b>ATLANTA GA 30350</b>				
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	<b>O'BRIEN, JOYCE</b>				
STREET ADDRESS	<b>1551 S.W. 129 WAY</b>				
CITY - ST - ZIP	<b>DAVIE FL 33325</b>				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>BOBERMAN, ROBERT</b>				
STREET ADDRESS	<b>11288 S.W. 112 PLACE</b>				
CITY - ST - ZIP	<b>MIAMI FL 33176</b>				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
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, or on an attachment with an address.					
SIGNATURE: 		Robert F. O'Brien 4/25/97 (954) 382-2266			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CP2E034 (9/96)