


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

FILED

May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G85133 (8)**

1. Corporation Name  
**TREESCAPES, INC.**



Principal Place of Business <b>C/O JAMES O. BIRR, JR., ESQ.</b> <del>200 EAST OAKLAND PARK BLVD</del> <del>FT LAUDERDALE FL 33304</del>	Mailing Address <b>C/O JAMES O. BIRR, JR., ESQ.</b> <del>200 EAST OAKLAND PARK BLVD</del> <del>FT LAUDERDALE FL 33304</del>
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3. Date Incorporated or Qualified <b>02/17/1984</b>	3a. Date of Last Report <b>04/05/1996</b>
4. FEI Number <b>59-2390160</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 21 <b>600 NORTHEAST 3RD AVENUE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>600 NORTHEAST 3rd AVENUE</b> Suite, Apt. #, etc.
22 City & State 23 <b>FORT LAUDERDALE, FLORIDA</b>	27 City & State 28 <b>FORT LAUDERDALE, FLORIDA</b>
24 Zip <b>33304</b>	25 Country <b>U.S.</b>
29 Zip <b>33304</b>	30 Country <b>U.S.</b>

9. Name and Address of Current Registered Agent

**BIRR, JAMES O., JR., ESQ.**  
~~200 EAST OAKLAND PARK BLVD~~  
~~SUITE 309~~  
~~FT LAUDERDALE FL 33304~~

10. Name and Address of New Registered Agent

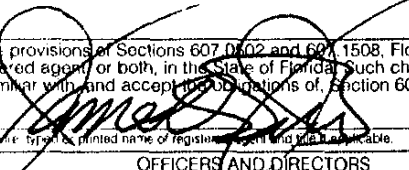
81 Name  
**BIRR, JAMES O., JR., ESQ.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**600 NORTHEAST 3RD AVENUE**

83

84 City **FORT LAUDERDALE, FL** 85 Zip Code **33304**

11. Pursuant to the provisions of Sections 607.0102 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:  **James O. Birr, Jr., Registered Agent** 4/30/97

Signature written in printed name of registered agent and zip applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PST</b>	<input type="checkbox"/> DELETE
NAME <b>ULLIAN, ARTHUR R.</b>	
STREET ADDRESS <b>105 S VICTORIA PK RD</b>	
CITY - ST - ZIP <b>FT. LAUDERDALE FL</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:  **Arthur R. Ullian** 4/30/97 (954) 524-0076

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)