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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

ACTION LANDSCAPING SERVICE INC.

(5)

FILED									
May 13 1998 8:00am									
Secretary of State									

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & Stat	7.07.07.1		oc 1110.	·						
MAMI FL 33177 MAMI FL 33177 MAMI FL 33177 MAMI FL 33177 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/06/1984 4. FEI Number Applicable 5. Sulfa, Apt. #, etc. Sulfa, Apt. #, etc. Sulfa, Apt. #, etc. Sulfa, Apt. #, etc. City & State City & State 28 City & State 29 Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Signal From Added to Fees Personal Property Tax due June 30. vis No Personal Property Tax due June 30. vis No ROCKMAN, LOUIS M., ESQ. 8500 S.W. 92ND STREET MAMI FL 33176 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes 10. Name and office for its learners for the approximent as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes (NOTE Regestered Agenti signature required when reinizating) DATE	Principal Place of Business Mailing Address			S			ı indiğir Bibli Habbi Billi Biğib (Bibl Billi	1 01 011 01611 010	il Sikil Bibit blalı ikbi	
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Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent ROCKMAN, LOUIS M., ESQ. 8500 S.W. 92ND STREET MIAMI FL 33176 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 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 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 approachie (NOTE. Registered Agent signature required when reinstating) DATE	Sulte, Apt. #. etc.		— — · ·							
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TITLE **PST** DELETE 1.1 TITLE Change Addition FEDORKO, GEORGE NAME 1.2 NAME 14330 SW 155 TERRACE STREET ADDRESS 1.3 STREET ADDRESS MIAM) FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition FEDORKO, GEORGE NAME 2.2 NAME 14330 SW 155 TERRACE STREET ADDRESS 23 STREET ADDRESS MIAMI FL CITY-ST-ZW 2.4 CITY-ST-ZIP DELETE ☐ Change TITLE 3.1 TITLE Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELEYE Change TITLE 6.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP 14. 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, at on an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

Addition