## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name H21804 (0)

PROFFSSIONAL	LANDSCAPING	AND MAINTENANCE.	INC
PROFEGGIONAL	LAMDOOALMO	AND MAINTENANCE	IIIU

PRUFESSIONAL LANDSCAPING AND MAINTENANCE, INC.												
Principal Place of Business Mailing Address												
13981 SW 232 ST MIAMI FL 33170-7207			12706 S.W. 95TH COURT MIAMI FL 33176									
U\$ 									3. Date Incorporated or Qualified 09/19/1984	3a. Date	of Last <b>4/04/1</b>	
2. Principal Pla	ace of Busin	ess	7	Mailing Address					4. FEI Number 59-2492864		-	Applied For
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.			<del></del>	v				60.	Not Applicable  75 Additional			
22 27						5. Certificate of Status Desired			e Required			
City & State City & State						6. Election Campaign Financing			.00 May Be			
23			2.8		<u>.</u>				Trust Fund Contribution			ded to Fees
Zip		Country 25	29	Zip .	30	ountry		1	8. This corporation has liability for i		x under	s 199.032,
24)	9. Name	and Address of Currer		tered Agent	.130	т			10. Name and Address of New R		Agent	
						81	Name					
WILLIAM	I S. BAKE	R				82	Street	Addres	s (P.O. Box Number is Not Acceptab	le)		
	.W. 95TH	COURT				83						
MIAMI F	L 33176					63						
						84	City			FL	85	Zip Code
11. Pursuant t	o the provis	ions of Sections 607.0507	and 60	7.1508, Florida Statute	s, the at	OVE-I	l named c	orporati	on submits this statement for the pur	pose of cha	anging it	s registered office
or registere familiar wit	ed agent, or h, and acce	poth, in the State of Fibri opt the obligations of, Sec	da. Suci tion 607.	n change was authorize .0505, Florida Statutes.	ed by the	corp	oration s	s boaro	of directors. I hereby accept the appo	ointment as	register	ed agent. I am
SIGNATURE _												
12.	Signature, typec	or printed name of registered agen OFFICERS AN			TE Register		nt signature	required w	tion rehistating): ADDITIONS/CHANGES TO OFFI	DATE	DIREC	TORS IN 12
TITLE	PTD	OI TOETIG TO		DELETE		TITLE		1	710011010701741020 10 0111		7 Chang	
NAME		, WILLIAM S.		<b>_</b>		NAME				•	•	
STREET ADDRESS		S.W. 95TH COURT			1.3	STREET	ADDRESS					
CITY-ST-ZIP	MIAMI				1.4	CITY-S	T-ZIP					
TITLE	VSD			DELETE	2 1	TITLE					Chang	e 🔲 Addition
NAME		, PAMELA A.			2.2	NAME						
STREET ADDRESS		S.W. 95TH COURT			2.3	STREET	ADDRESS					
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TITLE				DELETE		TITLE				ι	Chang	e 🗀 Addition
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CITY-ST-ZIP						CITY-S	r address	'				
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STREET ADDRESS							ADDRESS					
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TITLE			************	DELETE		TITLE				]	Chang	e Addition
NAME					52	NAME						1
STREET ADDRESS					53	STREET	ADDRESS					
CITY-ST-ZIP					5.4	CHY-S	T-ZIP	1				
TITLE				☐ DELETE	6	TITLE					Chang	e 🔲 Addition
NAME					62	NAME						
STREET ADDRESS					6.3	STREET	ADDRESS					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR