FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H48634 (0)

1. Corporation Name

ARTISTIC TOUCH LANDSCAPING, INC.

Principal Place of Business	Mailing Address
17678 CROOKED OAK AVENUE BOCA RATON FL 33487	17678 CROOKED OAK AVENUE BOCA RATON FL 33487

Change

2. Principal Place of Business	2a. Mailing Address
21 2720 N.E. 28th ST.	26 2720 N.E. 28th ST.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 LIGHTHOUSE POINT, FL.	City & State 28 LIGHTHOUSE POINT, FL.
Zip 24 33064 · Country 25 BROWARD	Zip 29 33064 · Country 30 BROWARD

3. Date Incorporated or Qualified: 04/01/1985
3a. Date of Last Report: 05/25/1995
4. FEI Number: 59-2517606 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAWSON, KENNETH, III
17678 CROOKED OAK AVENUE
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 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 ______ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	MAWSON, KENNETH III	
STREET ADDRESS	17678 CROOKED OAK AVENUE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	☐ DELETE
NAME	MAWSON, GWEN	
STREET ADDRESS	2722 N.E. 28TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	T	☐ DELETE
NAME	MAWSON, CRAIG	
STREET ADDRESS	2722 N.E. 28TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify 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: Kenneth Mawson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/10/96 Daytime Phone #: 954-943-7020

CR2E034 (12/95)