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

PROFIT CORPORATION ANNUAL REPORT

1996



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

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DC	CU	ME	ΞN	Т#

1. Corporation Name

H48844

(5)

TEODA I	AVAIN	MANIMITENIANICE	₽.	LANDSCAPING.	INIC
IENNA L	MITTIN	INIMINAL EINMINGE	α	LANDOUATING.	HVU.

10,11,	TENNIT WANTED AND COLUMN	EMOOON ING, ING.					
Principal Piace i	of Business	Mailing Address			- I IN DIRAK BANDA IBANA IBANA IBANA BAN	Tan gada debiş bibiş bibiş da	ALI AIAII BEATT SAAT
6816 45TH VERO BEAC	Street Ch FL 32967	6816 45TH STREET VERO BEACH FL 3298	57				
					3. Date Incorporated or Qualified 03/25/1985	3a. Date of Last R 03/20/1	
2. Phropal Pla	ce of Business	2a. Mailing Address			4, FEI Number		Applied For
[21]		26			59-2521394		Not Applicable
Suite, Apt. # [ <b>22</b> ]	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 7	Additional Required
City & State		City & State		* - · - · - · - · - · - · - · - · - · -	6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country		8. This corporation has liability for i		199.032,
24	[25]		30	Florida Statutes Yes No			
	9. Name and Address of Curre	nt negistered Agent	81	Name	10. Name and Address of New R	egistered Agent	
BLOCK	, SAMUEL A.						
	OTH AVE		82	Street Add	lress (P.O. Box Number is Not Acceptab	le)	
	BEACH FL 32960		83				
			84	City		ae 7	- Code
				_		FL   '	p Code
i or registere	id agent, or both, in the Stale of Flor	nda. Such change was authoriz <b>e</b> d	the above r	named corpor oration's boa	ration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its rointment as registered	registered office
familiar with	n, and accept the obligations of, Sec	tion 607.0505, Florida Statutes.	,		, , , , , , , , , , , , , , , , , , , ,		
S'GNATURE :	Separature i type of the pointest marge of resuscered a non	d and the if approache (NOTE	Bedistered Agen	t Somattare recurs	sió when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		ORS IN 12
Tru T	PD	DELETE	1 1 THILE			☐ Change	☐ Addition
NAME	POWELL, RALPH A.		1.2 NAME				
STREET ATURESS	6816 45TH STREET		1.3 STREET	address			
CHY ST-ZIP	VERO BEACH FL	FIGURE	1.4 CHY-S	1 - ZIP			
TILE NAME	std Powell, diane	□ berete	2 17:TLF			☐ Change	Addition
NAME STREET ACORESS	6816 45TH STREET		2 2 NAME 2 3 STREET	Annocce			
Off St ZIP	VERO BEACH FL		24 C+TY+S				
TILE	V	DELETE	3 1 hill			Change	☐ Addition
NAM:			3.2 NAME				•
			33 STREET	ADDRESS			
G Style		Flerica	3 4 C/TY - S	T - 71P			
TIF, (		DELETE	4. 1 TiTLE	}		☐ Change	☐ Addition
NAMI STEELL ADORESS			4.2 NAME	Annasee			
CD*-SLZP			4.3 STREET				
The f		DELFIE	5 1 1 ITLE	1 - 111		Change	Addition
NAME		•	5.2 NAME				
STREET ACTORESS			5.3 STREET	ADDRESS		4	
Crv sr-ze			5.4 C-TY - S	I - ZIP			
11118		DETER	6 1 TITLE			☐ Change	☐ Addition
NAME			62 NAME				
STREET ADDRESS			63 STREET				
[0/f_St_Z#] [ <b>14.</b>	cedify that the information supplied	with this filmous voluntarily funde	64 C-IY-S bed and doe		for the exemption stated in Section 119.	07(3)(k) Florida Crat-	tae I further
certify that oath; that I	the information indicated on this ann	iual report or supplemental annua oration or the receiver or trustee	al report is tru empowered t	ie and accura	ate and that my signature shall have the is report as required by Chapter 607, Fig.	same legal effect as it	f made under

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96

407-567-3539 Daylytine Propies 2E034 (12/95)