

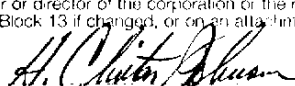


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H91819 (3) 1. Corporation Name RONDAV, INC.			
Principal Place of Business HORIZON LANDSCAPE 200 SE 3RD ST DELRAY BEACH FL 33444 US		Mailing Address BOX 2019 DELRAY BEACH FL 33447-2019 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	
3. Date Incorporated or Qualified 12/30/1985		3a. Date of Last Report 02/22/1995	
4. FEI Number 59-2622648		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent JOHNSON, DAVID A. 1066 SW 27 AVENUE BOYNTON BCH. FL 33426	
10. Name and Address of New Registered Agent 81 Name JOHNSON, DAVID A. 82 Street Address (P.O. Box Number is Not Acceptable) 431 GRISWOLD DRIVE 83 LAKE WORTH, FL 84 City FL 85 Zip Code 33461		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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE <input checked="" type="checkbox"/> Signature typed or printed name of registered agent (if applicable) <input type="checkbox"/> Signature of Registered Agent (signature required when not filing) DATE			
12. OFFICERS AND DIRECTORS 1.1 TITLE VT 1.2 NAME JOHNSON, H. CLINTON 1.3 STREET ADDRESS 305 GULFSTREAM DR 1.4 CITY - ST - ZIP DELRAY BCH FL 1.5 TITLE PS 1.6 NAME JOHNSON, DAVID A. 1.7 STREET ADDRESS 1066 SW 27 AVENUE 1.8 CITY - ST - ZIP BOYNTON BCH. FL 1.9 TITLE <input type="checkbox"/> DELETE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY - ST - ZIP 1.13 TITLE <input type="checkbox"/> DELETE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY - ST - ZIP 1.17 TITLE <input type="checkbox"/> DELETE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY - ST - ZIP 1.21 TITLE <input type="checkbox"/> DELETE 1.22 NAME 1.23 STREET ADDRESS 1.24 CITY - ST - ZIP 1.25 TITLE <input type="checkbox"/> DELETE 1.26 NAME 1.27 STREET ADDRESS 1.28 CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 2.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY - ST - ZIP 2.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY - ST - ZIP 2.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY - ST - ZIP 2.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.18 NAME 2.19 STREET ADDRESS 2.20 CITY - ST - ZIP 2.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.22 NAME 2.23 STREET ADDRESS 2.24 CITY - ST - ZIP 2.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.26 NAME 2.27 STREET ADDRESS 2.28 CITY - ST - ZIP 2.29 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.30 NAME 2.31 STREET ADDRESS 2.32 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:  H. CLINTON JOHNSON 4/12/96 407-272-1807 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #			

CR2E034 (12/95)