

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H99283** (4)

1. Corporation Name

**LESERRA LANDSCAPING, INC.**



Principal Place of Business

**5709 NORTHWEST 24TH STREET  
MARGATE FL 33063**

Mailing Address

**5709 NORTHWEST 24TH STREET  
MARGATE FL 33063**

3. Date Incorporated or Qualified  
**03/01/1986**

3a. Date of Last Report  
**02/06/1995**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

**59-2237134**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LESERRA, JOHN  
5709 NORTHWEST 24TH STREET  
MARGATE FL 33063**

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 of Officer or Director (Typed Name and Title) (Typed Title)

Signature of Registered Agent (Typed Name and Title) (Typed Title)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME **PD  
LESERRA, JOHN**  
STREET ADDRESS **5709 NW 24TH STREET**  
CITY-STATE-ZIP **MARGATE FL**

2. TITLE ☐ DELETE

NAME **STD  
LESERRA, RITA**  
STREET ADDRESS **5709 NW 24TH STREET**  
CITY-STATE-ZIP **MARGATE, FL**

3. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

**JOHN LESERRA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-14-96**

DATE

**(954) 971-0103**

DAYTIME PHONE #

CR2E034 (12/95)