## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # (1)

SOUTHERN LANDSCAPE DEVELOPMENT AND MAINTENANCE S ERVICE, INC.

Principal Place of Business 5920 RODMAN ST. HOLLYWOOD FL 33023

2. Principal Place of Business

25

FT. LAUDERDALE FL 33330

RATLIFF, BARBARA 5800 SW 130 AVE

Suite, Apt. #, etc.

City & State

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22

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5920 RODMAN ST. HOLLYWOOD FL 33023

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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9. Name and Address of Current Registered Agent

Mailing Address

Street Address (P.O. Box Number is Not Acceptable)

**FILED** May 08 1998 8:00am Secretary of State

3.	Date Incorporated or Qualified 04/02/1986				
4. FEI Number			Applied For		
	59-2690604		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 owes or has pa Personal Property Tax due June		urrent year Intangible		
10.	Name and Address of New Re	gistere	d Agent		

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.

82

83

City

Country

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	Word D. L.				
12,	OFFICERS AND DIRECTORS	(NOTE Registe	ered Agent signature requi	ired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS	IN 12
TITLE			TITLE		Change	Additio
NAME	ratuff, todd H.	1.2	NAME			
STREET ADDRESS	5800 S.W. 130 AVE	1.3	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4	CITY-ST-ZIP			
TITLE	PT DE	ELETE 21	TITLE		☐ Change	Additio
NAME	ratuff, barbara	2.2	NAME			
STREET ADDRESS	5800 SW 130 AVE	2.3	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4	CITY-ST-ZIP			
TITLE	De	ELETE 3.1	TITLE		Change	Additio
NAME		3.2	NAME			
STREET ADDRESS		3.3	STREET ADDRESS			
CITY-ST-ZIP		3.4.	. CITY-ST-ZIP			
TITLE	□ DI	ELETE 4.1	TITLE	•	Change	Addition
NAME		4.2	? NAME			
STREET ADDRESS		4.3	STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	DE	ELETE 51	TITLE	•	Change	Additio
NAME		5.2	NAME			
STREET ADDRESS		5.3	STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			- <u></u>
TITLE	DE	ELETE 6.1	TITLE		Change	Additio
NAME		6.2	NAME			
STREET ADDRESS		63	STREET ADDRESS			
CITY ST. 7IP		64	CITY-ST-7IP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental arrural 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 trusted 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.

Zip Code

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