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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90037 014 ***150.00

| DOCUM | MENT # J8259 9 | 9 | | | |
|--|--|---|---|--|---------------|
| 1. Corporation | ONG LANDSCAPING, INC | | | | |
| Anivio | ONG LANDSCAPING, INC |)• | | E HOOMING BING HANDE HERDE VERNE VERNE HERD BING FOR BINGE BY | î |
| | • | | | | |
| Principal Place | e of Business | Mailing Address | | # 1001119 and 1919 in 1919 and | E! |
| 1201 EDGEHILL | | 1201 EDGEHILL RD | | | |
| W. PALM BEACI | | W. PALM BEACH FL 33417 | | DO NOT WRITE IN THIS SPACE | |
| US | | US | | 3. Date Incorporated or Qualifed | \neg |
| | | | | 07/13/1987 | |
| 2 Principal Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number Applied For | = |
| 21 | ace of Business | 26 | | 59-2760761 Not Applicable | le |
| Suite, Apt. 1 | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired \$8.75 Additional | |
| 22 | | 27 | | 5. Certificate of Status Desired Fee Required | ╝. |
| City & State | e . | City & State - | | 6. Election Campaign Financing \$5.00 May Be | 1 |
| 23 | | 28 | | Trust Fund Contribution Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation owes the current year Intangible Personal Property Tax. | ļ |
| 24 | 9. Name and Address of Curr | 29 3 | 0[| Personal Property Tax. Ores LNo 10. Name and Address of New Registered Agent | - |
| | 9, Name and Address of Curr | EUI VARISTALAG WROUT | 81 Name | - 1/ | \neg |
| ARM | Strong, TED | | | Marvin E. Hampton | - |
| | EDGEHILL RD | | 82 Street Ad | Idress (P.O. Box Number is Not Acceptable) | ļ |
| W. P. | ALM BEACH FL 33417 | | 83 | | |
| | | | 100 | as 7in Coda | \dashv |
| | | | 84 City | > Palm Beach FL 85 33417 | ' |
| 11. Pursuant i | to the provisions of Sections 607.0 | 502 and 607.1508, Florida Statutes | , the above-named co | orporation submits this statement for the purpose of changing its registered | d |
| office or re | egistered agent, or both, in the Stat | te of Florida. Such change was auti | norized by the corpora | ation's board of directors, i hereby accept the appointment as registered | |
| agent, Lar | m familiar with, and accept the obli | dayons of Section 607.0505, Florid | la Statutes. | | |
| | m familiar with and accept the obli | gations of Section 607.0505, Florid | la Statutes. | ation's board of directors. I hereby accept the appointment as registered 3-29-99 | |
| SIGNATURE | Signature, typed or printed name of registered a | agent and title if applicable. (NOTE: R | egistered Agent signature requ | uired when reinstating) DATE | |
| SIGNATURE | Signature, typed or printed name of registered a OFFICERS | agent and title if applicable. (NOTE: R | legistered Agent signature requ | uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered a OFFICERS / | agent and title if applicable. (NOTE: R | egistered Agent signature requests 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered a OFFICERS A ARMSTRONG, CAROL | agent and title if applicable. (NOTE: R | egistered Agent signature requ 13. 1.1 TITLE 1.2 NAME | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered a OFFICERS A D ARMSTRONG, CAROL 1201 EDGEHILL RD | agent and title if applicable. (NOTE: R | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered a OFFICERS / D ARMSTRONG, CAROL 1201 EDGEHILL RD W. PALM BEACH FL | agent and title if applicable. (NOTE: R | egistered Agent signature requ 13. 1.1 TITLE 1.2 NAME | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit WPB FL 33417 Change Addit | tion |
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CITY-ST-ZIP 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 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, with all other like empowered.

SIGNATURE:

561-683-7997