1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # K25390 1. Corporation Name

CAZEDO IDDICATION INC

GAZEBO IRRIGATION, INC.

Principal Place of Business

% WILLIAM GREENBERG 8892 152ND PLACE SOUTH DELRAY BEACH FL 33446 Mailing Address

% WILLIAM GREENBERG 8892 152ND PLACE SOUTH DELRAY BEACH FL 33446

## FILED Jun 10, 1999 8:00 am Secretary of State

06-10-1999 90025 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Date to see sented or Qualiford

					05/31/1988				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For		
'-	5, STATE ROAD 7	26 12265, STAT	<u>re</u> R	T CA	65-0061508		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	7	5 Additional		
22		27			5. Octavolic of citato Datas		Required		
City & State	STON BEACH . FL	City & State  28 BOYNTON 3	EAC	JF. H	6. Election Campaign Financing Trust Fund Contribution	•	00 May Be ad to Fees		
Zip 24 334	Country	Zip	Country	,	8. This corporation owes the current year Int		<b>5</b> 7		
24 334	-37 <sub>25</sub> USA	29 33437 30	<u> </u>	USA_	Personal Property Tax.	∐Yes	□No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent			
	PON 144597		81	Name					
	TON, MARK		82	82 Street Address (P.O. Box Number is Not Acceptable)					
	152 ND PLACE SOUTH								
DELF	RAY BEACH FL 33446		83	1					
			84	City	FL	85 Z	ip Code		
11 Purcuant	to the provisions of Sections 607 0502	2 and 607.1508, Florida Statutes.	the abov	e-named corpo	ration submits this statement for the purpose of	changing	its registered		
office or re	egistered agent or both in the State o	nt Florida. Such change was auth	onzea ov	the corporation	n's board of directors. I hereby accept the appoi	intment as	registered		
agent. I ai	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes	š.	PRES 6/8/9				
SIGNATURE	Signature, typed or printed name of registered agent		gistered Ane	nt signature required	when reinstating) DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIREC	TORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE			Chan	ge Addition		
NAME	HEATON, MARK		1.2 NAME				•		
STREET ADDRESS	8892 152ND PLACE SO.		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-5	ST-ZIP					
TITLE	Charles Designation	☐ DELETE	2.1 TITLE			☐ Chan	ge Addition		
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE	T ADDRESS					
CITY-ST-ZIP			2. 4 CITY-						
TITLE		☐ DELETE	3.1 TITLE			Chan	ge 🔲 Addition		
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			☐ Char	ge Addition		
NAME			4. 2 NAME	:					
STREET ADDRESS			4.3 STREE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			☐ Char	ge 🗌 Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE			☐ Chan	ge Addition		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STRE	ET ADDRESS					
CITY OF THE			64 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6|8|99

561-734-3404

Daytime Phone #

DOE034 (11/08)

## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUN LOUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

GAZEBO IRRIGATION, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # K25390

K25390

(1)

574010-90025-17 K25390

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					<u> </u>					
Principal Place		Mailing Address								
% WILLIAM GR		% WILLIAM GREENBERG			· June					
8892 152ND PL DELRAY BEACH		8892 152ND PLACE SOUTH DELRAY BEACH FL 33446		DO NOT WRITE IN THIS SPACE						
DELINAT BEACH	FE 33440	DECRAT BEAUTIFE SAME		3. Date Incorporated or Qualified						
				05/31/1988	/ <u>*</u>					
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For					
21		26		65-0061508	Not Applicable					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional					
22		27		5. Certificate of Status Desired	Fee Required					
_ City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be					
23		28		Trust Fund Contribution	Added to Fees					
Zìp	Country	Zip	Country	8. This corporation owes or has pa						
24	25	29 3	0	Personal Property Tax due June						
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Re	gistered Agent					
GRE	Enberg, William		1 81 Name	EATON, MARK	·					
8892	152ND PLACE SOUTH		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)					
DELF	RAY BEACH FL 33446			892, 152ND PLACE	HIOS					
		•	83							
			84 City	CIPAU REACH	FL 85 Zip Code					
44 5		and 607 1509 Florida Statutes	the above named come	pration submits this statement for the num						
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.										
agent. I a	im familiar with, and accept the obliga	itions of, section 607.0505, Flori	da Statutes.	PRES	alacio					
SIGNATURE	MONGH. HEAV	on MARK A	: Registered Agent signature req	<u> </u>	7 (25) 10					
12.	Signature, typed or printed name of registered agent OFFICERS AN		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12					
TITLE	P	DELETÉ	1.1 TITLE		Change Addition					
NAME	HEATON, MARK	CT DECE IC	1.2 NAME							
STREET ADDRESS	8892 152ND PLACE SO.	•	1.3 STREET ADDRESS		Į.					
	DELRAY BEACH FL	•	1.4 CITY-ST-ZIP		. [					
CITY-ST-ZIP	S	DELETE	2.1 TITLE		Change Addition					
	GREENBERG, WILLIAM	VZJ DELETE	2.2 NAME		Citatigo Citatigo					
NAME	8892 152ND PLACE SO.	-	2.3 STREET ADDRESS		4C.					
STREET ADDRESS		:	2.4 CITY-ST-ZIP							
CITY-ST-ZIP	DELRAY BEACH FL	You exc	3.1 TITLE		Change Addition					
TITLE	PATTACIJA DOJANI	DELETE	3.2 NAME	~ ~	Charles Charles					
NAME	BATTAGLIA, BRIAN		3.3 STREET ADDRESS							
STREET ADDRESS	8892 152ND PLACE SO.				f ** \					
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP		Change Addition					
TITLE	D DICHARD	DELETE			Change Addition					
: YAME	WEBSTER, RICHARD		4.2 NAME		• (					
STREET ADDRESS	8892 152ND PLACE S -		4.3 STREET ADDRESS							
CITY-ST-ZIP	DELRAY BCH FL		4.4 CITY-ST-ZIP							
TITLE -		DELETE	5.1 TITLE	•	Change Addition					
3MAY			5.2 NAME		1					
STREET ADDRESS			5.3 STREET ADDRESS		·					
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE :		DELETE	6.1 TITLE		Change Addition					
NAME	•		6.2 NAME							
STREET ADDRESS			6 3 STREET ADDRESS		. }					
! CITY-ST-ZIP			6.4 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK A. HEATON

9/28/98

561-496-0710

Daytime Phone x