

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 10 AM 11:39

DOCUMENT # K77223

(1)

1. Corporation Name

VALLEY CREST LANDSCAPE, INC.

Principal Place of Business

**24121 VENTURA BLVD
CALABASAS CA 91302
US**

Mailing Address

**24121 VENTURA BLVD
CALABASAS CA 91302
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/03/1989

3a. Date of Last Report

03/02/1994

4. FEI Number

NOT APPLICABLE

Applied For

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
-1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and the corporation.

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP

**SPERBER, BURTON S.
24121 VENTURA BLVD.
CALABASAS CA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD

**ROSE, DAVID B.
24121 VENTURA BLVD.
CALABASAS CA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

**SPERBER, RICHARD A
24121 VENTURA BLVD
CALABASAS CA**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

**OYLER, THOMAS L
4689 OLD WINTER GDN RD
ORLANDO FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

**Reber, George W.
24121 Ventura Boulevard
Calabasas, California 91302**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

**Reber, George W.
24121 Ventura Boulevard
Calabasas, California 91302**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

**Reber, George W.
24121 Ventura Boulevard
Calabasas, California 91302**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

C/CEO

Sperber, Burton S.

**24121 Ventura Boulevard
Calabasas, California 91302**

☒ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

D/P

Sperber, Richard A.

**24121 Ventura Boulevard
Calabasas, California 91302**

☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

D/P

Sperber, Richard A.

**24121 Ventura Boulevard
Calabasas, California 91302**

☒ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

V

Reber, George W.

**24121 Ventura Boulevard
Calabasas, California 91302**

☐ Change ☒ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

V

Reber, George W.

**24121 Ventura Boulevard
Calabasas, California 91302**

☐ Change ☐ Addition

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 attached form with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Rose

1/18/95

(818) 223-8500

(Date)

(Signature Number)