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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K97435

SONSHINE LANDSCAPE AND MAINTENANCE, INC.

FILED Jan 26 1998 8:00am Secretary of State



D. J. D.							1 4 1 1 1 1 1 1 1 1 1	DIEN DIEN	<i>i</i> Q1011 Q1011 1081
Principal Place of Business Mailing Address 5601 S.W. 185TH WAY 5601 S.W. 185TH WAY									
FT. LAUDERDALE FL 33332 US		FT. LAUDERDALE FL 33332 US				DO NOT WRITE IN THIS SPACE			
00		55				3. Date Incorporated or Qualified 06/22/1989			
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For
H		26				65-0129625			Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.				5. Certificate of Status Desired \$8.75 Additional			5 Additional
2		27				5. Certificate of Status Desired	<u> </u>	Fer	e Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23	"	28	7			Trust Fund Contribution		·····	led to Fees
_ Zip ¬	Country	Zip	Cour	ıtry		8. This corporation owes or has pa	_	_	
4	9. Name and Address of Curren	29	30			Personal Property Tax due June 10. Name and Address of New Re		Yes Agent	∐ No
CDO	 	t Hogistored Agent		81	Name	10, Hame and Rodiess C. New He	Jiotorou i	-goin	
	's, curtiss w 00 SW 55th street			_					····
	LAUDERDALE FL 33332			82	Street Address (P.O. Box Number is Not Acceptable)				
rı.	DAUDENDALE PL 33332		-	83					
				\perp					
				84	City		FL	85	Zip Code
office or re agent. I an SIGNATURE	igistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	authorized lorida Statu	by Ites.	the corporalie	oration submits this statement for the p on's board of directors. I hereby accep	ot the app	changir ointmen	ng its registered t as registered
	Signature, typed or printed name of registered age OFFICERS AND			Agen	il signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CDC AND	DIDEC	TODE IN 12
TITLE	PD OFFICERS AND	DELETE	13.	F		ADDITIONS/CHANGES TO OFFIC	ERS ANL	Chan	
NAME	EPPS, CURTISS		1.2 NAI						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS	18600 SW 55TH ST				ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CIT						
TITLE	VD	☐ DELETE	2.1 TH		F"			☐ Chan	nge Addition
NAME	EPPS, CRAIG		2 2 NAI	ΜÉ		• .			
STREET ADDRESS	5601 SW 185TH WAY		2 3 STF	EET A	ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		2 4 CI	Y-S1	1 - ZIP				
TITLE	STD	DELETE	3 1 TIT	E				☐ Chan	nge 🔲 Addition
NAME	EPPS, NANCY		3.2 NA	ME					
STREET ADDRESS	5310 SW 166 AVE		3.3 STF	EET A	ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		3.4. CIT	Y-51	I-ZIP				
TITLE	V	☐ DELETE	4.1 1111	.E				∐ Chan	nge L Addition
NAME	EPPS, CURTISS W. II		4. 2 NA	ME					
STREET ADDRESS	18600 SW 55 ST		4.3 STF	EET A	address				
CITY-ST-ZIP	FT LAUDERDALE FL	T DELEXE	4.4 CIT		- ZIP			T 05	
TITLE	EDDS CHOISTODHED T	DELETE	5.1 TITI					☐ Chan	nge L Addition
NAME	EPPS, CHRISTOPHER T. 5601 SW 185TH WAY		5.2 NA/		I DDGGGG				
STREET ADDRESS	FT LAUDERDALE FL				ADDRESS				
CITY-ST-ZIP TITLE	TI DAUDENDALE FL	DELETE	5.4 CIT 6.1 TITI		- ZIF			Chan	nge Addition
NAME		Secret	6.2 NA						a- D vocition
STREET ADDRESS			- 1		ADDRESS				

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 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 changes, or on an attachment with an address.

CITY-ST-ZIP

1-13-98