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

FILED Jan 30 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name (3)K98644 NELSON LANDSCAPERS, INC. Principal Place of Business Mailing Address 389 PINECREST DRIVE 389 PINECREST DRIVE MIAMI SPRINGS FL 33166-5831 MIAMI SPRINGS FL 33166-5831 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/28/1989 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 65-0130514 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 29 30 24 25 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NELSON, TERRY J 389 PINECREST DR 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI SPRINGS FL 33166 83 84 City 85 Zip Code Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607.0505, Florida Statutes. agent, I am ta OFFICERS AND DIFFECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ___ Addition Change DEL ÉTE TITLE 1.1 TITLE NELSON, TERRY J 12 NAME NAME STREET ADDRESS. 389 PINECREST DR 1.3 STREET ADDRESS MIAMI SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP LIDELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 City - ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST- ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition

SIGNATURE:

TITLE

NAME

STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report in 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 purporation 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 dranged by on an attachment with an address.

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP