FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 2:45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L63534 (6)

1. Corporation Name

ARTISTIC CUTS LANDSCAPING CORPORATION

Principal Place of Business:
5359 NOB HILL RD.
8333 W MCNAB ROAD
SUNRISE FL 33351
US

Mailing Address:
5359 NOB HILL RD.
802
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1990	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0249442	☐ 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. ... Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business / 2a. Mailing Address / Suite, Apt. #, etc. / City & State / Zip / Country

9. Name and Address of Current Registered Agent

MITLEBERG, BARRY J ESQUIRE
210 UNIVERSITY DRIE
802
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL
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

12. OFFICERS AND DIRECTORS

TITLE	TDP
NAME	VISCOMI, JOSEPH
STREET ADDRESS	850 AMHERST AVENUE
CITY-ST-ZIP	DAVIE FL
TITLE	VS
NAME	VISCOMI, ANN RENE
STREET ADDRESS	850 AMHERST AVENUE
CITY-ST-ZIP	DAVIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntary furnished and 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: Ann Rene Viscomi Secretary/VP 5-1-95 (305) 572-6496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0230823 CP