

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

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L69565 (4)

1. Corporation Name

RED BARON LANDSCAPE AND DESIGN, INC.

Principal Place of Business

631 ANDERSON CIRCLE APT 206  
DEERFIELD BEACH FL 33425  
US

Mailing Address

P.O. BOX 1321  
BOYNTON BEACH FL 33425-1321



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 505 New LAKE DE		26 Suite, Apt. #, etc.		04/30/1990	07/25/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Boynton Beach, FL		28 City & State		65-0104507	Not Applicable
24 33426		25 Palm Beach		5. Certificate of Status Desired	\$8.75 Additional Fee Required
29		30		6. Election Campaign Financing	\$5.00 May Be Added to Fees
29		30		7. Trust Fund Contribution	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KREMPOSKY, GERALD A. 631 ANDERSON CIRCLE APT 206 DEERFIELD BEACH FL 33425		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		505 New LAKE DE.	
		83	
		84 City	
		Boynton Beach	
		FL	
		85 Zip Code	
		33426	

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREMPOSKY, GERALD A.	1.2 NAME	
STREET ADDRESS	631 ANDERSON CIRCLE APT 206	1.3 STREET ADDRESS	505 New LAKE DE
CITY - ST - ZIP	DEERFIELD BEACH FL 33441	1.4 CITY - ST - ZIP	Boynton Beach FL 33426
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREMPOSKY, LINDA L.	2.2 NAME	
STREET ADDRESS	631 ANDERSON CIRCLE APT 206	2.3 STREET ADDRESS	505 New LAKE DE
CITY - ST - ZIP	DEERFIELD BEACH FL 33441	2.4 CITY - ST - ZIP	Boynton Beach, FL 33426
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREMPOSKY, BRIAN	3.2 NAME	
STREET ADDRESS	631 ANDERSON CIRCLE APT 206	3.3 STREET ADDRESS	505 New LAKE DE.
CITY - ST - ZIP	DEERFIELD BEACH FL 33441	3.4 CITY - ST - ZIP	Boynton Beach, FL 33426
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREMPOSKY, SCOTT A	4.2 NAME	
STREET ADDRESS	631 ANDERSON CIRCLE APT 206	4.3 STREET ADDRESS	505 New LAKE DE.
CITY - ST - ZIP	DEERFIELD BEACH FL 33441	4.4 CITY - ST - ZIP	Boynton Beach, FL 33426
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

GERALD A. Kremposky 4/11/97 375-9934

Date

Daytime Phone #

CR2E034 (9/96)