

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M14078 (3)**

1. Corporation Name
E & G ORTIZ LANDSCAPING, INC.



Principal Place of Business: **8661 PASADENA BLVD HOLLYWOOD FL 33024 US**
 Mailing Address: **8661 PASADENA BLVD HOLLYWOOD FL 33024 US**

3. Date Incorporated or Qualified: **04/17/1985**
 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 5721 S.W. 164 Terr.**
 Suite, Apt. #, etc.: _____
 City & State: **23 Ft. Lauderdale, FL.**
 Zip: **24 33331** Country: **25 USA**
 Mailing Address: **26 5721 S.W. 164 Terr.**
 Suite, Apt. #, etc.: _____
 City & State: **27 Ft. Lauderdale, FL.**
 Zip: **29 33331** Country: **30 USA**

4. FEI Number: **59-2522528**
 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

9. Name and Address of Current Registered Agent
**MUELLER, KENNETH
 3503 SW 57TH AVE
 FT LAUDERDALE FL 33314**

10. Name and Address of New Registered Agent
81 Name: Kenneth Mueller
82 Street Address (P.O. Box Number is Not Acceptable): 5721 S.W. 164 Terr.
83
84 City: Ft. Lauderdale, FL. 85 Zip Code: 33331

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: **Kenneth Mueller** (Signature, typed or printed name of registered agent and title if applicable)
Kenneth Mueller (NOT: Registered Agent signature required when reappointing)
4-29-96 (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	MUELLER, KENNETH	
STREET ADDRESS	3503 SW 57TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ORTIZ, CARMEN	
STREET ADDRESS	8661 PASADENA BLVD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MUELLER, CARMEN S	
STREET ADDRESS	3503 SW 57TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ORTIZ, ELMO	
STREET ADDRESS	8661 PASADENA BLVD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5721 S W 164 Terr.
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33331
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5721 S.W. 164 Terr.
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33331
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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: **Kenneth Mueller** **Kenneth Mueller** **4-29-96** **434-0545**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)