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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

REED LANDSCAPING, INC.

Principal Place of Business 951 SW 191 AVE

Mailing Address

951 SW 121 AVENUE

FILED

Apr 29 1997 8:00am

Secretary of State

	RDALE FL 33325		FT LAUDERDALE FL 3332 US	25-3807		1				
US			05			11/20/1987 03/05			of Last Report 5/1996	
	al Place of Business		2a. Mailing Address			4.	FEI Number	···········	Ap	plied For
21		2	26				65-0019441		No	t Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			5.	Certificate of Status Desired	\$8.75 Additional Fee Required		
City & 1	State	2	City & State			- 1	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Co	untry	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,				
24	25	2		30				Yes 🗌		
		ddress of Current Re	gistered Agent			10.	Name and Address of New Reg	gistered Ag	jent	
	REED, MARK	_		81	Name					
	951 SW 121 AVENUI		82	Street Add	lress (P.	O. Box Number is Not Acceptab	le)			
,	f t laude rdale fl	33325								
				83						
				84	City			FL	85 Zip (Code
11. Pursu office agent	ant to the provisions of or registered agent, or . t am familiar with, and	Sections 607.0502 and both, in the State of Fl accept the obligation	d 607.1508, Florida Slatu orida. Such change was s of, Section 607.0505, Fl	tes, the above authorized by lorida Statutes	e-named corp the corpora s.	poration ition's b	n submits this statement for the poard of directors. I hereby accep	urpose of c ot the appoi	hanging it niment as	s registered registered
SIGNATU	RE									
12.	Signature, typed or printed	name of registered agent and OFFICERS AND DI		It: Registered Age	ent signature requi		reinstating) DDITIONS/CHANGES TO OFFIC	DATE ERS AND F	NBECT OR	9 IN 12
TITLE		OTTIOETIS AND BI	DELETE	1.1 TITLE			DETTONO/OF ANOLOTO CATTO		Change	Addition
NAME	REED, MARK			1.2 NAME				_		
STREET ADOR		VE		1.3 STREET	ADDRESS					
CITY-ST-ZIP	FT LAUDERDA			14 CHY-S						
TITLE	P		DELETE	21 THLE		· · · · ·			Change	Addition
NAME	reed, iris			2 2 NAME	Ì					
STREET ADDR				2 3 STREET	ADDRESS					
CITY-ST-ZIP	FT LAUDERDA	LE FL		2. 4 DITY-	S1 - 21P		4.5	-		
TITLE			DELETE	31 TITLE					Change	Addition
NAME				3.2 NAME						
STREET ADDR	ESS			3.3 STREET	ADDRESS					Ì
CITY-ST-ZIP				3.4. CITY -	S1 - 21P					
TITLE			DELETE	4.1 TITLE				L.	Change	Addition
NAME				4. 2 NAME			•			
STREET ADDR	ESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			05/575	4.4 CITY - S	17 - ZIP				٦	
TITLE			☐ DELETE	5.1 11TEF				L	_] Change	Addition
NAME				5.2 NAME						
STREET ADDR	ESS			53 STREET			•			
CITY-ST-ZIP			DC) ETE	5.4 CITY-S	IT-ZIP				Change	- T Addition
TITLE			☐ DELETE	6.1 TITLE				L.	Change	Addition
NAME				6.2 NAME	1555555					ļ
STREET ADDR	ESS			6.3 STREET						
CITY-ST-ZIP				6.4 CITY - S	T-ZIP					

do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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 eath, 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 13 if changed, or on an attachment with an address.