FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

* MAX WOLFE STURMAN

3300 RICE ST., #11 **COCONUT GROVE FL 33133**



I for inference carefully that the information supplies with a lining doctor that it quality in information indicated on this amoual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FLORIDA DEPARTMENT

FILED

Jan 17 1997 8:00am

Secretary of State

1/10/97 941-8018

Sandra B. Morti

Secretary of Sta DIVISION OF CORPOR TIONS

DOCUMENT # M65130

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Mailing Address

C/O CAROLYN B MEREDITH 967 HILLSBORO MILE

HILLSBORO BCH FL 33062-2301

EARTHSCAPE DEVELOPMENT CORPORATION

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	2. Principal Place of Business				2a. Mailing Address					1	4. FEI Number		Applied For			
21	1			26							NOT APPLICABLE				Applicable	
Suite, Apt. #, etc.				27	Suite, Apt. #, etc.						5. Certificate of Status Desired	of Status Desired				
	 City & State 	e			City & State						6. Election Campaign Financing		\$ 5.	.00 м	ay Be	
23	<u> </u>		T	28							Trust Fund Contribution			ded to		
24	ZIP		Country 25	29	Zip 		30 Co	untry			8. This corporation has liability for in		tax und No	ler s. 19	99.032,	
<u> </u>	L	9. Name	e and Address of Curren		stered Agen	ıt	1901	T		L.	10. Name and Address of New Re					
	STU	RMAN, MA	IX WOLFE		,			81	Name			-				
3300 RICE ST.								82 Street Address (P.O. Box Number is Not Acceptable)								
NO. 11								Street Address (P.O. Box Number is Not Acceptable)								
			ROVE FL 33133					63								
								84	City		***************************************		85	Zip Co		
												FL	. []			
	office or re	redistered ac	sions of Sections 607.050 gent, or both, in the State vith, and accept the obligi	a of Florid	ida. Such cha	ange was a	authorize	ed by	the cord	corpora poration	ation submits this statement for the p i's board of directors. I hereby accep	urpose of at the app	changii ointmen	ng its r it as re	egistered gistered	
اد	IGNATURE.	Signature, type:	d or printed name of requirement sign	jero a lo tille	e it applicated	(NOT	II. Register	ed Age	rt signature	e required (when reinstating)	DATE				
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	TY-ST-ZIP	by certify the	iat the information supplie	ed with t	this filing doε	as not qual		_		tated in	Section 119.07(3)(i), Florida Statutes	s I further	certify	that the		
-	informatio	on indicated.	f on this annual report or t actor of the corporation of	supplem	mental annual	al report is t	true and	. Du	rate and	I that my	y signature shall have the same legal s required by Chapter 607, Florida S	effect as	if made	a under	oath: that	