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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90036 021 ***150.00

1. Corporation							
RJ'S LAI	NDSCAPING AND MAINTE	ENANCE. INC.					
Principal Place	e of Business	Mailing Address	_			DERIN BURNE BARRA B	
% RALPH GRAY % RALPH GRAY							
10020 S.W. 82ND ST. 10020 S.W. 82ND ST.							
MIAMI FL 33173	3	MIAMI FL 33173			DO NOT WRITE IN THI 3. Date Incorporated or Qualifed	S SPACE	
					05/16/1988		-
Principal D	lace of Business	2a, Mailing Address	_		4, FEI Number	- AD	plied For
2. FIIICIPALE	lace of Dusiness	26			65-0051468	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_			\$8.75 A	Additional
22		27			5. Certificate of Status Desired	Fee Re	quired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Countr	У	8. This corporation owes the current year le	ntangible □ Yes	□No
24	25	29	30		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Curr	rent Registered Agent	8	1 Name	10. Hanne and Addiess of New Hogieses	2 1 . B 4	
GRA'	Y, RALPH						
10020 S.W. 82ND ST.			8	2 Street Addi	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33173			8:	3			
			L	4 00		los l Zin (
			84	4 City	F	L 85 Zip C	,00e
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obli	ite of Florida. Such change was a	utnorizea d	v tne comoratii	poration submits this statement for the purpose of on's board of directors. I hereby accept the appears	of changing its ointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NOTE	Registered Ag	ent signature require	ed when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
TITLE	D	OELETE 1.				Change	☐ Addition
NAME	GRAY, RALPH		1.2 NAME				
STREET ADDRESS	10020 S.W. 82ND ST.		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST- ZIP			
TITLE	D	DELETE 2.1				Change	☐ Addition
NAME	GRAY, IDA		2.2 NAME	:			j
STREET ADDRESS			2.3 STRE	ET ADORESS			
CITY-ST-ZIP	MIAMI FL		2.4 CITY			[] Change	Addition
TITLE		☐ DELETE	3.1 TITLE	1		□ Ortaligo	
NAME			3.2 NAME	l l			1
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY 4.1 TITLE			☐ Change	☐ Addition
NAME		_ 555216	4. 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
TMLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME	.	•		
STREET ADDRESS			5.3 STRE	ET ADORESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE	į		Change	Addition
NAME			6.2 NAME				_
	ì		B3 STRE	ET ADDRESS			

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/22/99 305-5756830

:K2E034 (11/98)