ANNUAL		ION		93 13	υ		
DOCUMENT # PO2000 1. Entity Name Southern SCAPES LANDECAPE MAINT	LAWN & tenance, In	rc		FILE	D AM 8:57		
Principal Place of Business S35 E 42 4 Street AAKLAND PARK FE 33334			REINSTREETASENTION				
2. Principal Place of Business M. Struct 9. 801 SW 17 Struct Suite, Apt. #, etc.	3. Mailing Address 480/ SW 19 Suite, Apt. #, etc.	Street	04292004	Chg-P	CR2E034 (10/03)		
File State Zip 33317 Broward 6. Name and Address of Current R	City & State Ff. Landird Zip 33317 egistered Agent	ale FL Country Broward	5. Certificate	of Status Desired	S \$8.75 Add Fee Required		
OAKLAND Port FL 33334				(P.O. Box Number is Not Acceptable) SW1775571267			
B. The above named entity submits this statement for the obligations of registered agent. SIGNATURE		Fort	- Laudi pistered agent, or bo	th, in the State of Flori		<u> 334</u>	
Signature, typed or printed name of registered agent an FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.0	9. Election Campaig	oution.	\$5.00 May Be Added to Fees		DATE		
10. OFFICERS AND C TITLE DPS Ruckdy, Corwellus STREET ADDRESS CITY-ST-ZIP		11. TATLE NAME STREET ADDRESS 4 CITY-ST-ZIP	4801 SW	1749 St. 1749 St. Urdali.	CERS AND DIRECTOR: Change FL 33	SIN 11 □ Addition 334	
TALE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		2.	Change 536209 51007 **3	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADORESS CITY - ST - ZIP			Change	Addition	
12. I hereby cartify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empor changed, or on an attachment with an address, w SIGNATURE:	true and accurate and that my wered to execute this report a	/ sinnature shall have) the same lenal ette	ct as it made under oa	am: that i am an ollicer	or director	
	INTED NAME OFFICER O	RDIRECTOR	~ ~~~~ -	Date	Daytime Phone #		

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DiRocco & Company, C.P.A. 3601 West Commercial Blvd. Fort Lauderdale, FL 33309

ps 20pr

April 29, 2004

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> RE: Southern Scapes Lawn & Landscape Maintenance, Inc. Doc #PO2000023169 Late Annual Report Filing

Gentlemen,

In the process of purchasing insurance, our client came to the realization that he never filed the Annual Report for 2003. Furthermore, our clients' previous address on your web site, is incorrect. You have $E 42^{nd}$ Street and it should be **NE** 42^{nd} Street. This probably contributed to the fact that the Annual Report was not forwarded properly. Our client is in the habit of turning over to us all correspondence received from any governmental agency and it is apparent that they never received the first notice, or we would have known about it. We feel that the imposition of a penalty of \$400.00 is not warranted in this situation.

We are enclosing a check in the amount of \$300.00 to cover the annual filing fees for 2003 and 2004. Please accept this amount and cancel the late charges. Please be assured that this will not happen again.

Very truly yours, DiRocco & Company, C.P.A., P.A.

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Joan Goldsholle For the firm Enclosures