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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P9300006477 (2)

MARK FANUCCI'S LANDSCAPING, INC.

## FILED Feb 04 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 13551 SW 8TH ST 13551 SW 8TH ST DAVIE FL 33325 DAVIE FL 33325-3736							######################################	
					3. Date Incorporated or Qualified 01/22/1993		te of Last F <b>)4/1996</b>	leport
2. Principal	I Place of Business	2a. Mailing Address 26	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4. FEI Number 65-0385188			pplied For ot Applicable
Suite, Ap	ot. #, els	Suite, Apt. #, etc.	- PHILL		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State	<del></del>		6. Election Campaign Financing	\$5.00 May Be		
<b>23</b>	Country	28 Zip	Coun	<u> </u>	Trust Fund Contribution			to Fees
24	25	29	30	ny .		Yes [	] No	. 199.032,
	9. Name and Address of Cui	rent Registered Agent			10. Name and Address of New R	legistered A	gent	
	ANUCCI, MARK		8	11 Name				
13551 SW 8TH ST DAVIE FL 33325			, la	Street Address (P.O. Box Number is Not Acceptable)				<u> </u>
			E	3	·			<u></u>
			E	14 City		FL	<b>65</b> Zip	Code
SIGNATURE	Signature, lyped or printed name of registered	agent and title if approable. (No	OTE Registered /		ulfed when reinstating)	DATE	DIDECTOR	20 111 40
12.	PDVT	AND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFF	ICERS AND	Change	Addition
TITLE NAME	FANUCCI, MARK	טונינים פייים	1.2 NAV	· 1 ·			Origingo	L. Addaron
STREET ADORES	40EE4 CW OTH CT			EET ADDRESS				
CITY-ST-ZIP	DAVIE FL 33325			-ST-ZIP	•			
TITLE	\$	DELETE	2.1 TITL			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	FANUCCI, MARK		2.2 NAM	IE				
STREET ADDRES			2.3 STR	EET ADDRESS				
CITY-ST-ZIP	DAVIE FL 33325		2 4 CIT	Y-ST-ZIP				
TITLE	<b>\</b>	[] DELETE	3.1 TITU	E			Change	Addition
NAME			3.2 NAM	i		•		
STREET ADDRES	SS (		1	EET ADDRESS	· ·			
CITY-ST-ZIP		DELETE		Y-ST-ZIP			Change	☐ Addition
TITLE		ריין מכרבוג	4.1 71YL				L. Gridinge	- Addition
NAME			4. 2 NAM	1	•			
STREET ADDRES	55			EET ADDRESS				
Crty-STZIP TITLE		DELETE	4.4 City 5.1 TiTL	-\$1-ZIP			☐ Change	Addition
NAME		hand Distill	5.2 NAN			: -		100/100/1
STREET ADDRES				EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		DELETE	61 TITL				Change	Addition
NAME			62 NAN	- 1				
STREET ADDRES	28		1	EET ADDRESS				
CITY-ST-ZIF				'-ST-ZIP				
			■ 0.7 VIII	UI A'I				

14. I do 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.

SIGNATURE

GNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1.29.97

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