

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
MASTERCARE LANDSCAPING, INC.



Principal Place of Business:
3229 LOWSON BLVD.
DELRAY BEACH FL 33445

Mailing Address
3229 LOWSON BLVD.
DELRAY BEACH FL 33445-5638

3. Date Incorporated or Qualified 04/12/1993	3a. Date of Last Report 04/17/1996
---	---

4. FEI Number 65-0415237	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
--	--------------------------	------------------------------------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 3299 Lowson Blvd
Suite, Apt. #, etc.

2a. Mailing Address
26 3299 LOWSON BLVD
Suite, Apt. #, etc.

22 _____
City & State _____

27	DELRAY BEACH FL
	City & State

23	DELIZAY BOACH	1-2
24	Zip 33445	Country 05
25		

28		
29	Zip 33445	Country US
30		

9. Name and Address of Current Registered Agent

~~ADAMS, PAUL
1045 E. ATLANTIC AVE.
STE. 300
DELRAY BCH. FL 33403~~

10. Name and Address of New Registered Agent

81	Name	STEVEN D. BERRY	
82	Street Address (P.O. Box Number is Not Acceptable)	3299 LOWSON BOULEVARD	
83			
84	City	DELRAY BEACH FL	85 Zip Code 33445

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Kia Demy (NOTE: Registered Agent signature required when reinstating) DATE 2/28/97

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	BERRY, STEVEN D	
STREET ADDRESS	3201 LOWSON BLVD.	
CITY - ST - ZIP	DELRAY BEACH FL 33445	

TITLE	3299	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="text"/>	<input type="button" value="DELETE"/>
NAME	<input type="text"/>	
STREET ADDRESS	<input type="text"/>	
CITY-ST-ZIP	<input type="text"/>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 ~~on~~ on an attachment with an address.

SIGNATURE: Steven D Berry 2/28/97 561-499-7162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)