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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000049084 (5)

DIAS LANDSCAPES, CORP.

## **FILED** Feb 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						a indisidas iin inses iiiii doite Bātis Adtis Bātis At	818 18111 <b>8819</b> 1 1	ISTAL BIBLIBBI
4919 RIDGEWOOD RD 4919 RIDGEWOOD RD								
BOYNTON BO	CH. FL 33436	BOYNTON BCH. FL 33436				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	TOTALL	
						07/06/1993		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26	26			65-0418611	<del></del>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27				5. Commodite of Otatos Desired		DeriupeF
City & Stat	8	City & State	├── <b>─</b> ′			6. Election Campaign Financing		May Be
Zip	Country	28	Zip Country			Trust Fund Contribution		to Fees
24	25	29	30	ansiy		This corporation owes or has paid the corporation owes.		ntangible No
=71	g. Name and Address of Curren		1301	]		10. Name and Address of New Registered	_	<del></del>
DIA	AS, STEPHEN			81	Name			
	19 RIDGEWOOD RD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	YNTON BCH. FL 33436				JIIOU AUGU	Grees (r. O. Box Number is Not Acceptable)		
				83				
ı				84	City	Fi	85 Zip	Code
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 accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TI	TLE			Change	Addition
NAME	DIAS, STEPHEN		1.2 N	AME				l;
STREET ADDRESS	4919 RIDGEWOOD RD		1.3 STREET ADDRESS		ADDRESS			Įį.
CITY-ST-ZIP	BOYNTON BCH. FL 33436			1.4 CITY-ST-ZIP				
TITLE	VD DELETE		2.1 7/				☐ Change	☐ Addition   G
NAME PERSON	DIAS, WILLIAM 4919 RIDGEWOOD RD		2.2 N/					
STREET ADDRESS CITY-ST-ZIP	BOYNTON BCH. FL 33436			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				
TITLE	BOTHTON BOTH TE 30430	DELETE		3.1 TITLE			Change	Addition
NAME			3.2 N/					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				ITY-ST				
TITLE	<del>"</del>	DELETE	4.1 TI				Change	Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 ST	REET A	DDRESS			
CITY-ST-ZIP	4		4.4 CI	TY-ST	- ZIP			
TITLE		DELETÉ	5.1 10	TLE			Change	Addition
NAME			5.2 NA					
STREET ADDRESS					DDRESS			}
CITY-ST-ZIP		DELETE		TY-ST	- ZIP		Change	12200
TITLE		L. VELETE	6.1 TI				Change	Addition
NAME expect appages	A		6.2 NA		DDDTO			
STREET ADDRESS	$\Lambda_{\ell}$				DDRESS			
14. I hereby c	ertify that the information supplies wi	ith this filing does not qualify		TY-ST		Section 119.07(3)(i), Florida Statutes. I further c	ertify that the	e information

refal 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 edeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ittachment with an address. officer or director of the corpor Block 12 or Block 13 if change

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