PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000049084

DIAS LANDSCAPES, CORP.

May 06, 1999 8:00 am Secretary of State

05-06-1999 90110 025 ****61.25 05-21-1999 90003 015 ****88.75



Principal Place	e of Business	Mailing Address				
4919 RIDGEWOOD RD 4919 RIDGEWOOD RD						
BOYNTON BCH. FL 33436 BOYNTON BCH. FL 33436					DO NOT WRITE IN THIS SPACE	
	-	•			3. Date Incorporated or Qualified	$\overline{}$
					07/06/1993	
2. Principal Pl	tace of Business	2a. Mailing Address			4. FEI Number Applied	
21		26			65-0418611 Not App	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required	
City & State		City & State			8. Election Campaign Financing - \$5.00 May	Be
23	•	28			Trust Fund Contribution Added to Fee	s
Zip	Country	Zip	Coun	бу	8. This corporation owes the current year Intangible	- 1
24	25	29	30		Personal Property Tax.	<u>`</u> —
7	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
		· .	.\1	Name		}
	S, STEPHEN		ļ.	Street Add	iress (P.O. Box Number is Not Acceptable)	
4919 RIDGEWOOD RD						
2 BOA	'NTON BCH. FL 33436		ļ!	53		- 1
•			-	B4 City	FL 85 Zip Code	
	In the consistence of Continue 607 0502	and 607 1508 Elected Statute	es the sh	rve-named cor		tered
11, Pursuant office of r	registered agent, or both, in the State of	of Florida. Such change was a	uthorized	by the corporat	poration submits this statement for the purpose of changing its regis- tion's board of directors. I hereby accept the appointment as register	ed
agent. I a	m familiar with, and accept the obligat	lons of, Section 507.0505, Flor	nda Statu	øs.		J
SIGNATURE	Signature, typed or printed name of registered agent	AOTE	Remaiered A	cont services reque	red when reinstating) DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF	112
TILE	PD	☐ DELETE	1,1 1111	£	Change	Addition
NAME	DIAS, STEPHEN		12 NA	Æ		
STREET ADDRESS	10.00 000 000 000 000					
	1		1.3 STF	EET ADDRESS	•	
CTTV. QT. 74D	ROYNTON BCH, FL 33436		1	GET ADDRESS /-ST-ZIP		
CITY-ST-ZIP	BOYNTON BCH. FL 33436	☐ DELETE	1	/-ST-ZIP	☐ Change □	Addition
TITLE	VD	☐ DELETE	1.4 C/T	Y-ST-ZIP	☐ Change □	Addition
TITLE NAME	VD DIAS, WILLIAM	☐ DELETE	1.4 C/T 2.1 T/T 2.2 NAA	Y-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ACCRESS	VD DIAS, WILLIAM 4919 RIDGEWOOD RD	☐ DELETE	1.4 CIT 2.1 TITI 2.2 NAA 2.3 STR	<u>Y-ST-ZIP</u> E ■€		
TITLE NAME	VD DIAS, WILLIAM		1.4 CIT 2.1 TITI 2.2 NAA 2.3 STR	Y-ST-ZIP E E EET ADDRESS Y-ST-ZIP	☐ Change ☐	
TITLE NAME STREET ACCRESS CITY-ST-ZIP	VD DIAS, WILLIAM 4919 RIDGEWOOD RD		1.4 CIT 21 TIT 22 NAA 23 STF 2.4 CIT	V-ST-ZIP E E E E E E E T AD ORESS Y-ST-ZIP E		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VD DIAS, WILLIAM 4919 RIDGEWOOD RD BOYNTON BCH. FL 33436		1.4 CT 21 TM 22 NA 23 STF 2.4 CT 3.1 TM 3.2 NA	V-ST-ZIP E E E E E E E T AD ORESS Y-ST-ZIP E		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VD DIAS, WILLIAM 4919 RIDGEWOOD RD BOYNTON BCH. FL 33436		1.4 CTT 2.1 TIM 2.2 NAV 2.3 STR 2.4 CTT 3.1 TIM 3.2 NAV 3.3 STR	V-ST-ZIP E EET ADDRESS Y-ST-ZIP E	_ Change ⊡	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VD DIAS, WILLIAM 4919 RIDGEWOOD RD BOYNTON BCH. FL 33436		1.4 CTT 2.1 TIM 2.2 NAV 2.3 STR 2.4 CTT 3.1 TIM 3.2 NAV 3.3 STR	Y. ST. ZIP E E E E E E T A T A E E E T A E E T A A E T A A T A E T A T T	Change 🖸	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VD DIAS, WILLIAM 4919 RIDGEWOOD RD BOYNTON BCH. FL 33436	☐ DELETE	1.4 CTT 21 TITM 22 NAM 2.3 STR 2.4 CTT 3.1 TITM 3.2 NAM 3.3 STR 3.4 CTT 4.1 TITM 4.2 NAM 4.2 NAM 2.4 N	/-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EF ADDRESS Y-ST-ZIP E	_ Change ⊡	Addition
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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 supplier ental 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 changet or gin an attachment with an address, with all other like empowered.

SIGNATURE:

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