FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

APPROVED AND FILED
95 MAY -1 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000065976 (1)

1. Corporate Name
V-ROSE LANDSCAPE & MAINTENANCE, INC.

Principal Place of Business	Mailing Address
1711 SW 23RD AVE FT LAUDERDALE FL 33312	1711 SW 23RD AVE FT LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/17/1993	04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 405 Se 16 CT AP. 1	26 405 Se 16 CT AP. 1
Suite, Apt. #, etc. 22 FT LAUD FL	Suite, Apt. #, etc. 27 FT LAUD FL
City & State 23 33316 Broward	City & State 28 33316 Broward
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: 65-0439738 — ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VILLAROSE, MATTHEW M 1711 SW 23RD AVE FT LAUDERDALE FL 33312	81 Name: Matthew Villarose 82 Street Address (P.O. Box Number is Not Acceptable): 405 Se 16 CT AP. 1 83 FT LAUD FL 33316 84 City FL 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	TITLE	☐ Change ☐ Addition
NAME	VILLAROSE, MATTHEW M	NAME	
STREET ADDRESS	1711 SW 23RD AVE	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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: Matthew Villarose [signature] 4-27-95 305 792 1255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020321 CP