

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000081318 (6)

1. Corporation Name

NPK LAWN MAINTENANCE & LANDSCAPING INC.



Principal Place of Business

Mailing Address

9525 S.W. 24TH ST.
#D-106
MIAMI FL 33165

9525 S.W. 24TH ST.
#D-106
MIAMI FL 33165

2. Principal Place of Business

21 13420 S.W. 62 ST

2a. Mailing Address

26

Suite, Apt. #, etc.

J-105

Suite, Apt. #, etc.

City & State

23 MIA, FL.

City & State

28

24 33183

Country
USA

Zip

29

Country

30

3. Date Incorporated or Qualified

11/29/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0452626

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

MORALES, EDDY A
9525 S.W. 24TH ST.
#D-106
MIAMI FL 33165

81 Name

MORALES, EDDY A

82 Street Address (P.O. Box Number is Not Acceptable)

13420 S.W. 62 ST J-105

83

84 City

MIA

FL

85 33183

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent or director (if applicable)

Signature typed or printed name of registered agent or director (if applicable)

DATE

4/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME MORALES, EDDY A
STREET ADDRESS 9525 S.W. 24 ST. #D-106
CITY-ST-ZIP MIAMI FL 33165

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME EDDY MORALES
1.3 STREET ADDRESS 13420 S.W. 62 ST J-105
1.4 CITY-ST-ZIP MIA, FL. 33165

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDDY A. MORALES

4/23/96 (305)-386-1450

CR2E034 (12/95)