

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000001158 (2)

1. Corporation Name
HOLLYWOOD LANDSCAPE COMPANY, INC.

Principal Place of Business Mailing Address
**C/O THEODORE R. STOTZER ESQ.
202 S. PARK ROAD STE. 200
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/06/1994** 3a. Date of Last Report
4. FEI Number **65-0464934** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional
Fee Required
6. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under S. 100.002,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **200 South Park Rd., #200** 26 **200 South Park Rd., #200**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
**PASTERNAK, MARSHALL R
1221 BRICKELL AVENUE
MIAMI FL 33131**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature: typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWERDLOW, MICHAEL J 200 S. PARK ROAD STE. 200 HOLLYWOOD FL 33021	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P Zohn, Frank 200 S. Park Road, Suite 200 Hollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V/S Stotzer, Theodore R. 200 S. Park Road, Suite 200 Hollywood, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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 its predecessor 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 attached form with an address.

SIGNATURE: Michael J. Swerdlow, Chairman **2/1/95** **(305) 981-1000**
Date (Type in Year & Month)