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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000013897 (1)

LANDSCAPE TECHNOLOGY SERVICES, INC.

Principal Place of Business Mailing Address 2670 SOUTH FLAMINGO ROAD 2670 SOUTH FLAMINGO ROAD DAVIE FL 33330-1302 DAVIE FL 33330 3. Date Incorporated or Qualified 3a. Date of Last Report 02/18/1994 01/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0470221 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, 25 Florida Statutes Yes No 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PARDO, RENEE 2670 SOUTH FLAMINGO RD. 82 Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33330 B3** 84 City 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, typical or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (96/6) 12. 13. DELETE ☐ Change Addition 11 TITLE THE PARDO, RENEE NAME 1.2 NAME 2670 SOUTH FLAMINGO RD. STREET ADDRESS 1.3 STREET ADDRESS **DAVIE FL 33330** 1.4 CITY-ST-ZIP CHTY - ST - ZIP DELETE Change ■ Addition THEE 2.1 TITLE ALONSO, DELIA R 2.2 NAME NAME 2670 SOUTH FLAMINGO RD. STREET ADDRESS 2.3 STREET ADDRESS DAVIE FL 33330 CITY-ST-7IP 2. 4 CITY-ST-ZIP DELETE Addition TPLE 31 TITLE Change NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-\$1-ZIP CHY-ST ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIF DELETE Change Addition 5.1 TITLE TOLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE

6.2 NAME

14. I do 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 armual 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

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

NAME STREET ADORESS

CITY-ST-201

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4-1-97

(954) 476-2662

FILED

Apr 02 1997 8:00am

Secretary of State