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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000013897 (1)

LANDSCAPE TECHNOLOGY SERVICES, INC.

## **FILED** Apr 09 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address			g to desafte ein edere deter dater dater dater barde stant state imme berie sant sont		
2670 SOUTH FLAMINGO ROAD DAVIE FL 33330		2670 SOUTH FLAMINGO ROAD DAVIE FL 33330				DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualified 02/18/1994	no or not	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26	26			65-0470221	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27				6. Certificate of Status Desired	Fee R	tequired
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution	bebbA	to Fees
Žip	Country	Zip	<u> </u>	untry		8. This corporation owes or has paid the		
24	25	29	30	<b></b>		Personal Property Tax due June 30.		No
	9. Name and Address of Curr	ent Registered Agent		81		10. Name and Address of New Registe	red Agent	
	RDO, RENEE			"	Name			
	70 SOUTH FLAMINGO RD.			82 Street Addres		dress (P.O. Box Number is Not Acceptable)		
DA	VIE FL 33330							
				83				
				84	City		<b>85</b> Zip	Code
				<u>L</u> .			FL   BS   ZIP	<del></del>
office or r agent. I a	registered agent, or both, in the Starm familiar with, and accept the obtains	ite of Florida. Such change was ligations of, Section 607.0505, F	authorize Florida Sta	ed by	the corpor	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the	appointment as	registered
SIGNATURE	Signature, typed or posited ranso of registered	arrent and title of applicable (NC	OTE Register	ed Age	ent signature red	uired when reinstating) DA	JE.	
12.		ND DIRECTORS	13.	-		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	DELETE	1.1	TITLE			☐ Change	Addition
NAME	PARDO, RENEE		1.2 (	NAME				
STREET ADDRESS	2670 SOUTH FLAMINGO RI	D.	1.3 :	STREET	ADDRESS			
CITY-ST-ZIP	DAVIE FL 33330		1.4 (	CHTY-S	1-ZIP			
TITLE	D	☐ DELETE	21	TITLE			☐ Change	Addition
NAME	ALONSO, DELIA R		2.21	NAME				
STREET ADDRESS	2670 SOUTH FLAMINGO R	D.	2.3 3	STREET	ADDRESS			
CITY-ST-ZIP	DAVIE FL 33330				ST-ZIP			
TITLE		DELETE		TITLE	-		☐ Change	☐ Addition
NAME			321	NAME				
STREET ADDRESS			3.3	STREET	ADDRESS			
CITY-ST-ZIP			3.4.	CITY-S	ST-ZIP			
TITLE		DELETE		TITLE			☐ Change	Addition
NAME		_		NAME			_	
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP				CITY-S				
TITLE		DELETE		TITLE			Change	Addition
NAME		—		NAME			· ·	
STREET ADDRESS					ADDRESS			
				CITY - S				
CITY-ST-ZIP TITLE		DELETE		CITY-S TITLE	n- zir		Change	Addition
				NAME				
NAME					*DDDCCC			1
STREET ADDRESS					ADDRESS			1
CITY-ST-ZIP	1		6.4	CITY - S	T-ZIP			

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 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 13 if changed, or on an attachment with an address.