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

Mailing Address

MIAMI BEACH FL 33140-3627

300 - 41ST ST.

SUITE 218

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

MIAMI BEACH FL 33140

SHITE 218

300 - 41ST ST.



FLORIDA DEPARTMENT OF STATE

FIL ED

Feb 14 1997 8:00am

Secretary of State

(305) 945-9770

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000014668 (5)

LANDSCAPE SERVICES BY BRUCE, INC.

3. Date Incorporated or Qualified 3a, Date of Last Report 02/21/1994 02/15/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0470679 26 Not Applicable 21 Suite Ant #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζιρ Country Zip Country This corporation has flability for intangible tax under s. 199.032, Yes X No 24 25 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name MERRITT, ROGER J ESQ **SUITE 218** Street Address (P.O. Box Number is Not Acceptable) 300 - 41ST ST. 83 MIAMI BEACH FL 33140 City 84 85 Zip Code 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, typed 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 12. 13. DELETE Change Addition TITLE 1.1 TITLE VEIL, SHAREEN NAME 1.2 NAME 4000 TOWERSIDE TERRACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33138** CITY-ST-ZIP 1.4 CITY - ST- ZIP PST DELETE TITLE 2.1 TITLE ☐ Change ☐ Addition VEIL. BRUCE NAME 2.2 NAME **4000 TOWERSIDE TERRACE** STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-\$1-2IP 2. 4 CITY - ST - ZIP ☐ DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herren

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 attackment with an address.