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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000016338 (3)

GREEN PASTURES LANDSCAPING, INC.

Principal Place of Business Mailing Address 13425 CITRUS GROVE BLVD 13425 CITRUS GROVE BLVD WEST PALM BEACH FL 33412 WEST PALM BEACH FL 33412

## FILED Apr 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/24/1994 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 65-0464591 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zio Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KROPP. KENNETH C **13930 NORTH RD** 82 lumber is Not Acceptable) LOXAHATCHEE FL 33470 83 G 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. n C Kvoyy
of registered agent and the Mappile ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE Kroff , Daisy KROPP, DAISY 13425 Citrus Grove Blud NAME 1.2 NAME **13930 NORTH RD** STREET ADDRESS 1.3 STREET ADDRESS LOXAHATCHEE FL CITY-ST-ZIP 1.4 CITY - ST-ZIP Change TITLE DELETE 2.1 TITLE Addition Kropp Konneth C KROPP, KENNETH C. NAME 22 NAME 13425 Citrus Grove Blod 13930 NORTH ROAD STREET ADDRESS 2 3 STREET ADDRESS W. P.B. Fla 33412 LOXAATCHEE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 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 TITLE DELETE 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

56/ 798-9179