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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name	P94000017937 (1)	
GULFSTREAM LAN	DSCAPING, INC	
Principal Place of Business	Mailing Address	
1120 NF 11 AVE	1007 S. FED HWY	

GULFSII	HEAM LANDSCAPING, INC	,					
Principal Place of	l Business	Mailing Address					
1120 NE 11 AV		1007 S. FED HWY					
FT. LAUDERDALE FL 33304 US		BOX 3 FT. LAUDERDALE FL 33304 US		3. Date incorporated or 0 02/28/1994	3. Date Incorporated or Qualified 3a. Date of Last Report 02/28/1994 04/25/1995		
		2a. Mailing Address		4. FEI Number		Ap	plied For
2. Principal Plac	i	26		65-0469889		No	ot Applicable
21 1208 Suite, Apt. #,		Suite Apt. #, etc.		5. Certificate of Status D	esired	\$8.75	
22		27				Fee Re	
City & State	- dadale FL	City & State		6. Election Campaign Fir Trust Fund Contribute	on L	\$5.00 Added	to Fees
Zip	Country	Zip	Country	8. This corporation has I	iability for intangible∃ Yes X No	tax under s 1	99.032,
24 3330	1 25 USA	29	30	Fiorida Statutes 10. Name and Address		Agent	
	9. Name and Address of Curren	it Registered Agent	81 Na		Of New Megisteree	- Agom	
			1 1		C A I ablo		
	INO, ANTHONY W		82 Str	eet Address (P.O. Box Number is No	t Acceptable;		
SUITE-20			83	O'HE TOZIV	Λ		
	TH ANDREWS AVE			24 S. Andrew	5 the.	. 85 Zip	Code
, -,			84	1 1 = 1 = d=1=	F!	L 33	330/
	the provisions of Soctors 607 050	2 and 607 1508 Florida Stat	utes, the above-name	ed corporation submits this statement on's board of directors. I hereby acce	for the purpose of c	hanging its re	gistered office
or registere	ed agent, or both, in the State of Flori	ida. Such change was autho	rized by the corporati	ed corporation submits this statement on's board of directors. Thereby acce	pt the appointment a	as registered a	agent rain
familiar with	h, and accept the obligations of, Sec	1101 007.0003, 110/104 States	(.5.		4/23	_ ط9/د	
SIGNATURE	signature, by ed or printed region of regionary ages	in as a time of applicable.	(NOTE: Bog stored Agent Sign	at no required when ien stating)	DATE	7	10 IN 10
12.		ND DIRECTORS	13.	ADDITIONS/CHANGE	ES TO OFFICERS AF	Change	Addition
TITLE	D		1 1 TITLE	Resident		A cularists	
NAME	MORAITES, MICHAEL A JR		1.2 NAME	111030000000000000000000000000000000000	ed A St	Box <	
STREET ADDRESS	-4011 NE-THIRD AVE		1.3 STREET ADD	<u> </u>	CJ 3230	1	
CiTY - ST - ZiP	-FT-LAUDERDALE FL 33334	DELETE	1 4 C:TY - ST - ZII	FORT COMMENTE	F1 2320	Change	Addition
TITUE.			2 2 NAME				
NAME			23 STREET ADD	BESS			
STREET ADDRESS			240114-51-71				
CITY - ST - ZIP		DELETE	3 1 Title			Change	Addition
TITLE		<u>. </u>	3 2 NAME				
NAME STREET ADDRESS			33 STREET AD	DRESS			
CITY-ST-ZIP			3.4 CITY - ST - 7	٥ ــــــــــــــــــــــــــــــــــــ			
TITLE		DELETE	4 1 TIFLE			☐ Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET AUG	PRESS			
CITY-ST-ZIP			4.4 CITY - ST - Z	Р		Change	Addition
TITLE		☐ DELETE	5 1 TULE			□ Suange	
NAME			5.2 NAME				
1			53 STREET AD				
STREET ADDRESS			5.4 CITY - ST - Z	IP		Change	T Addition
STREET ADDRESS CITY-ST-ZIP							Addition
		DELETE	6 1 7/1/18				Addino-t
CITY - ST - ZIP		DELETE	6 1 MILE 62 NAME	DOLAC		crising.	Addition
CITY-ST-ZIP TITLE		DELETE	6 1 7/1/18				Addition

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 contribution of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address.