## 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 # P9400019041 (0)

ARMST  Principal Place	RONG LANDSCAPE & DES	Mailing Address			
120 E. RIVERSIDE DR. 120 E. RIVERSIDE DR. JUPITER FL 33469 JUPITER FL 33469				·	
				DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified	
		·- •		03/11/1994	
<del></del> -	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# etc	Suite, Apt. #, etc.		65-0473407	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	)	Cily & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Žφ	Country 30	This corporation owes or has paid the or Personal Property Tax due June 30.	urrent year Intangible  Yes  No
	9. Name and Address of Currer			10. Name and Address of New Registere	d Agent
ARMSTRONG, BRUCE C 120 E. RIVERSIDE DR. JUPITER FL 33469			81 Name		
				ress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	F	85 Zip Code
SIGNATURE	egistered agent, or both, in the State in familiar durin, and acceptable obtain Signature appealed or pented there of trajectored age	Trons	uthorized by the corpora- rida Statutes.  High-red Agent signature requi	poration submits this statement for the purpose tion's board of directors. I hereby accept the approach the purpose the approach the purpose that the purpose the purpose that the purpose the purpose the purpose that the purpose that the purpose that the purpose the purpos	98
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPTS	☐ DELETE	1.1 TITLE		Change Addition
NAME	ARMSTRONG, BRUCE C		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	120 E. RIVERSIDE DR. JUPITER FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2 1 TITLE		Change Addition
NAME	ARMSTRONG, BRETT C		22 NAME		
STREET ADDRESS	4740 SQUARE LAKE DR.		2 3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL	Detrete	2 4 CITY-ST-ZIP		Change Addition
TITLE NAME		☐ DELETE	3 1 TITLE 3 2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		<u></u>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition

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, godin an attachment with an address.

6.2 NAME

6 3 STREET ADDRESS

CICALATURE. & Day ( Grant times

STREET ADDRESS

1/28/98 561-

5101-747-1689

**FILED** 

Feb 24 1998 8:00am

Secretary of State