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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

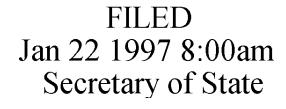
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400031581 (9)

MASTERPIECE LANDSCAPING, INC.

Mailing Address Principal Place of Business





4440 WOODBINE RD PACE FL 32571 US		4440 WOODBINE RD PACE FL 32571-8725 US					
					 Date Incorporated or Qualified 04/25/1994 	3a. Date of Last R 02/02/1996	leport
2. Principal Pl	ace of Business	2s. Mailing Address			4. FEI Number		oplied For
21	11	26 Suite Apt # 010			59-3231163		ot Applicable
Suite, Apt a		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
	h			OUntry 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			. 199.032,
24 25 29 30 9. Name and Address of Current Registered Agent			30	Florida Statutes			
LIAN	D, MICHAEL E	negistered Agent		1 Name	10.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
) WOODBINE RD		ļ.,	0 0 0			
PACE FL 32571				2 Street Add	dress (P.O. Box Number is Not Acceptab	e)	
			[]				
				4 City		FL	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligat	f Florida. Such change was a	uthorized	by the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing in the appointment as	ts registered registered
SIGNATURE	Ship ahan, Typera ta prichol to our of registered agent	nevá tella, 4 anes, cololla (MCVI)	- Fivoistered (loent signature reg	uired when reinstating)	DATE	
12,	OFFICERS AND		13.	Oct and latter and	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TIBLE	D	☐ DELETE	11 THL			Change	Addition
NAME	HAND, MICHAEL E		12 NAM	E			
STREET ADDRESS	4440 WOODBINE RD		1.3 STRI	ET ADDRESS			
C(TY - ST - 7IP	PACE FL			- S1 - ZIP			
THLE	V TOACL 4	☐ OELETE	2 1 TITL			Change	Addition
NAMÉ	HAND, TRACI J		2.2 NAM				
STREET ADDRESS	4440 WOODBINE RD PACE FL			ET ADORESS			
C-TY - ST - ZIP	PAUE PL	DELETE	2. 4 CIT	r-ST-ZIP		Change	Addition
NAME	İ	Line State Ac	3.2 NAM				
STREET ACCRESS				ET ADDRESS			
CiTY+S1-ZiP			3.4. CIT	7-ST-ZIP			
TITLE		DELETE	4.1 TITL	E		Change	Addition
NAME			4. 2 NA	ME .			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CHY-ST-7IP			4.4 CITY	-ST-ZIP		-	
Ti™LE		☐ DELETE	5.1 THL			L] Change	L_J Addition
NAME			5.2 NAN		**		
STREET ADORESS				FET ADDRESS	•		
CHY-\$1-20F		DELETE	_	-S1-ZIP		Change	☐ Addition
TITLE		LI DELETE	6.1 TITU	.		Change	L. Audinost
NAME			6.2 NAN				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			6.4 CIT	- 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 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