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 #1. Corporation Name P94000045703 (3)

IKIM L	ANDSCAPE, INC.					
Principal Plac	e of Business	Mailing Address				FOI BUIDE (CONT O DIREC 131 ROCK)
14512 LINDEN DRIVE SPRING HILL FL 34609		PO BOX 6294 SPRING HILL FL -24606 — <i>3 4(1)</i> US		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	
					06/15/1994	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	6		59-3256170	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 7 (////	Country	,	8. This corporation owes or has paid the cu	
24	25		30			Yes 🗌 No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent
BENSO, SAMUEL			81	Name		
14512 LINDEN DRIVE SPRING HILL FL 34609			82	Street Ac	idress (P.O. Box Number is Not Acceptable)	
			-			
			83			
			84	City	FI	85 Zip Code
11. Pursuant office or reagent. La	to the provisions of Sections 607.0 egistered agont, or both, in the Sta m familiar with, and accept the obl	502 and 607.1508, Florida Statutes ite of Florida Such change was au ligations of, Section 607.0505, Flori	s, the above thorized by ida Statute	e-named co the corpo	orporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE			2			
Signature, typed or punted name of registered agent and title if applicable (NOTE Registere 12. OFFICERS AND DIRECTORS 13.				ent algnature rei	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 10
TITLE	P	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	BENSO, SAMUEL		1.2 NAME			critings rectitor
STREET ADDRESS	14512 LINDEN DR		1.3 STREET	ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY - S			
TITLE		☐ DELETE	2.1 FITLE	V	7	Change Addition
NAME			2.2 NAME	, ki	harks Warren Brunn	ect
STREET ADDRESS			2.3 STREET	ADDRESS L	herks Warren Brunn 141 Concord Dr.	
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP 🚊	orina Hill. Fl- 34606	
TITLE		☐ DELETE	3.1 TITLE		T	Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY- S	ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE	I		Change Addition

CITY-ST-ZIP 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 or or an attachment with an address?

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-\$1-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

352-188-1151

Change

Change

___ Addition

Addition

FILED

Mar 26 1998 8:00am

Secretary of State