Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90087 027 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # DOA

Principal Place of Business   Mailing Address   P.O. 80X 987   FORT LAUDEROALE FL 33312   DO NOT WRITE IN THIS SPACE   3. Date Incorporated or Qualified   OS/20/1994   4. FEI Number   Applied For   Not Applied For   Not Applied For   Not Applied For   Not Applied For   P.O.   5. Certificate of Status Desired   FeB Roquired   FeB Roqui	1. Corporation	C LANDSCAPING, INC.	U45924					
FORT LAUDERDALE FL 3312 DANIA FL 33004    Control Writte In This SPACE	Principal Place	e of Business	Mailing Address				)	((81) BIB) (88)
DO NOT WRITE IN THIS SPACE   S. Date Incorporation of Cultified   DO NOT WRITE IN THIS SPACE   DO NOT	5200 SW 22 AV	/E	P.O. BOX 997				•	
2. Principal Place of Business 2. A Mailing Address 4. Fel Number 65-04/39965   Applied For Applied Place of Business 2. Applied For 56-04/39965   Applied For 56-04/39966   A								
2. Principal Place of Business   2a, Mailing Address   4. FEI Number   Applied For   27.   28.   32.   Suria, Apt. #, etc.   27.   Suria, Apt. #, etc.   28.   Suria, Apt. #, etc.   29.   Suria, Apt.						DO NOT WRITE IN THE	IS SPACE	
Suite, Apt. #, etc.						1 == *		
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, apt #, etc.   Suite, a	2. Principal P	face of Business	2a. Mailing Address			••	Apr	olied For
27	21		26			65-0493965	Not	Applicable
City & State   City & Country   ZiQ   ZiQ   Country   ZiQ		#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired [7]		
Zip   Country   Zip   Country   Zip   Country   8, This corporation was the current year intemplate   Personal Property Tax.   Sit Ves   No						0.	Fee Red	quired
28		e	├-¬ `			1		
25		0				Trust Fund Contribution		Fees
SINATURE  Delete  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 diffice or registered segent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice or registered segent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice or registered segent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered segent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice or registered segent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered segent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered segent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered segent segment required registered segment r	<b>⊢</b> , '		<b>├</b> ─ `		f	1		
CAPPON, KEITH 5200 SW 22 AVE HOLLYWOOD FL 33020  83  84 City FL  85 Zip Code  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 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.  SIGNATURE Signature typed or printed name of registered agent and till of applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE DPS OAPPON, KEITH 12 Name CAPPON, KEITH 12 Name 13 STREET ADDRESS CITY-51-2P 14 CITY-51-2P 14 CITY-51-2P 15 TILE 15 TILE 16 CHange 16 Addition 17 ST-2P 18 TILE 18 CHANGES 18 STREET ADDRESS 18 STREE	24			30		T CISCHAIT TOPOLLY TAX.		⊔N0
CAPPON, KEITH 5200 SW 22 AVE HOLLYWOOD FL 33020  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 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, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. OVER Registered Agent agent are of the appointment as registered agent and the facilitation.  SIGNATURE  15. OFFICERS AND DIRECTORS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  20. AVERT ADDRESS TO OFFICERS AND DIRECTORS IN 12.  21. TITLE  22. NAME 23. STREET ADDRESS 24. ADTV-51-2P  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  24. ADTV-51-2P  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  24. ADTV-51-2P  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  25. ADTV-51-2P  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  26. ADTV-51-2P  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  27. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  28. ADDITION		5. Name and Address of Culter	t Kegistered Agent	81	Name	10. Name and Address of New Registerer	2 Adent	
HOLLYWOOD FL 33020  84 City FL 85 Zip Code  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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. STREET ADDRESS OF SECTION OF SECTIO	CAPI	Pon, Keith						
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B4 City   FL   85 Zip Code	HOLLYWOOD FL 33020			83				
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11. Pursuant to the provisions of Sections 607.6502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE			•	. 84	City	·	85 Zip C	ode
SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DPS CAPPON, KEITH  CAPPON, KEITH  STREET ADDRESS FORT LAUDERDALE FL  TITLE  DELETE  1.1 TITLE  LAUDERDALE FL  TITLE  DELETE  1.2 TITLE  DELETE  1.1 TITLE  CAPPON, KEITH  12 NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LAUDERDALE FL  1.1 TITLE  CAPPON, KEITH  12 NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LAUDERDALE FL  1.1 TITLE  CHANGE Addition  Addition  Addition  CHANGE Addition  Addition  TITLE  CHANGE Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LAUDERDALE FL  1.1 TITLE  CHANGE Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LAUDERDALE FL  1.1 TITLE  CHANGE Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LAUDERDALE FL  LAUTY-ST-ZIP  TITLE  CHANGE Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addit	office or re	egistered agent, or both, in the State of	of Florida. Such change was a	uthorized by	the corporation	poration submits this statement for the purpose of	of changing its r	egistered jistered
Signature, typed or printed ragent and lifter if applicables.   (NOTE: Requisited Appent signature required when reinstating)   DATE	_	The tarrical with, and accept the congar	10113 01, 00011011 007.0000, 1 10	MIGE STATE	•	•		
TITLE		Signature, typed or printed name of registered agen-	t and title if applicable. (NOTE	: Registered Agei	nt signature require	d when reinstating) DATE	***	
NAME	12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
STREET ADDRESS   5200 SW 22 AVE   FORT LAUDERDALE FL	TITLE		☐ DELETE	1.1 TITLE			Change	☐ Addition
CITY_ST_ZP	NAME			1.2 NAME		·		
DELETE	STREET ADDRESS			13 STREET ADDRESS				}
NAME	CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP				
23 STREET ADDRESS   2.4 CITY- ST-ZIP	TITLE	☐ DELETE		2.1 TITLE			☐ Change	☐ Addition
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NAME	CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
STREET ADDRESS	TITLE	DELETE		3.1 TITLE			☐ Change	☐ Addition
Street Address	NAME		•	3.2 NAME				
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME	STREET ADDRESS			3.3 STREE	T ADDRESS			
NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE           NAME         52 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           DELETE         6.1 TITLE         Change         Addition	CITY-ST-ZIP			3.4. CITY-5	IT-ZIP			
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STREET ADDRESS	NAME STREET ADDRESS				T ADDOESO			1

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: