

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:02

DOCUMENT # P94000054918 (5)

1. Corporation Name

FLORIDA LAWN SCULPTORS, INC.

Principal Place of Business

3925 S.W. 67TH TERRACE
DAVE FL 33314

Mailing Address

3925 S.W. 67TH TERRACE
DAVE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1994

3a. Date of Last Report

2. Principal Place of Business

21 3540 NW 50th AVE

2a. Mailing Address

26 3540 NW 50th AVE

4. FEI Number

65-0509333

Applied For

Not Applicable

Suite, Apt. #, etc

22 APT K-116

Suite, Apt. #, etc

27 APT K-116

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 LAUDERDALE LAKES FL

City & State

28 LAUDERDALE LAKES, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33319

County

25 BROWARD

Zip

29 33319

County

30 BROWARD

8. This corporation has liability for intangible tax under § 190.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MAIMONE, ROBERT JR.
3925 S.W. 67TH TERRACE
DAVE FL 33314

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3540 NW 50th AVE.

83

APT # K-116

84 City

LAUDERDALE LAKES FL

85 Zip Code

33319

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 office or 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 title if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

MAIMONE, ROBERT JR.

STREET ADDRESS

3925 S.W. 67TH TERRACE

CITY ST ZIP

DAVE FL 33314

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

ROBERT MAIMONE JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

(305) 486-4240