SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400058842 (3)

C.L.C. LANDSCAPE MAINTENANCE, INC.

Mailing Address

Principal Place of Business

FILED Sep 22 1997 8:00am Secretary of State



| | STREET APT. 1 DALE FL 33308 | | 1831 NE 56TH STREET APT. 1 FORT LAUDERDALE FL 33308 | | | | | | | | |
|--|--|---|--|----------------------------|---|--|-------------------------------------|------------------|--------------|-----------------|--|
| | | | | | | | DO NOT WRITE | | | | |
| | | | | | | ŀ | Date Incorporated or Qualified | 3a. Date of | | port | |
| | | | | | | | _08/08/1994 | 06/19/1996 | | | |
| | ace of Business | | 2a. Mailing Address | | | 4. | FEI Number | | | lied for | |
| 21 | | 26 | | | | \perp | 65-0075911 | | | Appl cable | |
| Suite, Apt. #, etc. | | - | Suite, Apt. #, etc. | | | Б. | Certificate of Status Desired | 1 1 7 - | | Isnoilibb | |
| 22 | | 27 | | | | | | | ee Req | ` —— | |
| City & State |) | <u>}</u> | City & State | | | | Election Campaign Financing | | 5.00 N | | |
| 23 | | 28 | | | | | Trust Fund Contribution | • | dded to | | |
| Zip | Country | Zip | | Country | | 8. This corporation owes or has paid the current year Intangible | | | | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30. Yes 170 | | | | | |
| 9. Name and Address of Current Registered Agent | | | | | 10, Name and Address of New Registered Agent 81 Name | | | | | | |
| | tenhead, William e III | | | 8' | Name | | | | | | |
| 1831 NE 56TH STREET APT. 1 | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| FORT LAUDERDALE FL 33308 | | | | | | | | | | | |
| | | | | 83 | | | | | | | |
| | | | | 84 | City | | | 85 | Zip Co | ode - | |
| | | | | 07 | City | | | FL 嘴 | Zip Ot | , J | |
| 11. Pursuant t | o the provisions of Sections 60 | 7.0502 and 607.1508, F | lorida Statutes, th | ne above | e-named co | orporation | n submits this statement for the p | urpose of chan | ging its | registered | |
| office or re | egi stere d agent, or both, in the military with and accept the | State of Florida, Such of obligations of Section 6 | hange was autho i07 0505. Florida | nized by Statutes | the corpor | ration's b | oard of directors. I hereby accep | t the appointm | ent as re | egistered [| |
| agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. | | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registe | red agent and title if applicable | (NO1E Regi | istered Agn | nt signature rec | quired when | reinstating) | DATE | | —— I | |
| 12. | | S AND DIRECTORS | | 13. | | A | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRE | CTORS | IN 12 | |
| TITLE | D | | DELETE | 1.1 TITLE | | | | □ c | hange | Addition | |
| NAME | CATTENHEAD, WILLIAM | EIII | | 1.2 NAME | | | | | | | |
| STREET ADDRESS | 1831 NE 56TH STREET | | | 1.3 STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL | | B | 1.4 CITY - S | | | | | | | |
| TITLE | TOM DIODEMONDE IE | | | 2.1 TITLE | | | | Пс | hange | Addition | |
| NAME | | | | 2.2 NAME | | | | | • | | |
| STREET ADDRESS | | | 1 | 2.3 STREET | ADDDCCC | | | | | | |
| | | | | | | | | | | 1 | |
| CITY-ST-ZIP | | | | 2. 4 CITY - 5 3.1 TITLE | 51-211 | | | П | hange | Addition | |
| TITLE | | L | | | | | | | mungo | | |
| NAME | | | | 3.2 NAME | | | | | |] | |
| STREET ADDRESS | | | | 3.3 STREET | | | | | | | |
| CITY-ST-ZIP | | | | 3 4. CITY - 5 | 5T - Z(P | | | | hanas | Addition | |
| TITLE | | L | | 4 1 TITLE | | | | | nange | LT MOUTOU | |
| NAME | | | | 4. 2 NAME | | | | | | | |
| STREET ADDRESS | | | 1 | 4 3 STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | <u>-</u> | | | 4.4 CITY - S | T-ZIP | | | | | | |
| TITLE | | L |] DELETE | 5 1 TITLE | | | | | hange | Addition | |
| NAME | | | [: | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | | . | 5 3 STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | 54 CITY-S | T - ZIP | | | | | | |
| TITLE | | | DELETE | 6.1 TITLE | | | | | hange | Addition | |
| NAME | | | I. | 6.2 NAME | | | | | | | |
| STREET ADDRESS | | | | 6.3 STREET | ADDRESS | | | | | | |
| i . | | | | 6.4 CITY - S | - 1 | | | | | | |
| CITY-ST-ZIP | | | on not evalify for | 0.4 0/11 - 5 | | tend in One | ation 110 07/2)(i) Elerida Statutor | I finally a good | 6 . Ab as al | | |

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.