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

**PROFIT CORPORATION** ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000068622 (7)

GIANARIS LANDSCAPING, INC.

## **FILED** Apr 13 1998 8:00am Secretary of State



Principal Place	e of Busines	s	Mailing Address				I INDINERLAND INITIALITY REPAIR DEL	is <b>ab</b> iti <b>a</b> bita bit	AT CRISTA BULLA DIE	NO WALILA	
12898 83RD LN N 12898 83RD LN N							)				
WEST PALM BEACH FL 33412 WEST PALM BEACH FL 33							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifie		517102		
							09/19/1994				
2. Principal Place of Business 2s. Mailing Address							4. FEI Number	Number Applied F		oplied For	
4093		Road	1=∀1	. 1 7 7 1			65-0520109		Not Applicable		
Suite, Apt. 22 B-13	#, etc.		Suite, Apt. #, etc. 27 B-13	27 B-13					\$8.75 Additional Fee Required		
City & State Palm Beach Gdns.,Fl			City & State Palm Bea	28 Palm Beach Gdns.,Fl			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country 25			Zip				8. This corporation owes or has paid the current year Intangible				
			33410				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent				
g. Name and Address of Current Registered Agent						Name	10. Name and Address of New	Registered	Agent		
	AFT, DAVI				81	Ivaille				ļ	
3418 N DIXIE HWY					82	Street Add	Address (P.O. Box Number is Not Acceptable)				
WE	SI PALM	BEACH FL 33407			83	<del> </del>					
					84	City		FI	<b>85</b> Zip (	Code	
44 Directions	to the provis	tions of Sections CO7 D	ing and 607 1509 Florida Sta	luton the a		o named cor	rocation submits this statement for th		t changing if	te registered	
office or re agent. I a	egistered aç m familiar w	gent, or both, in the Sta ith, and accept the obli	te of Florida. Such change wagations of, Section 607.0505,	s authorize Florida Sta	d by	the corpora s.	rporation submits this statement for that ation's board of directors. I hereby ac	cept the app	pointment as	registered	
SIGNATURE										(	
12.	Signature, typed	or product name of registered a	gent and tille if applicable (f ND DIRECTORS	NOTE: Registere	d Age	ant signature requ	uired when reinstailing) ADDITIONS/CHANGES TO OF	DATE	DIRECTOR	20 IN 12	
TITLE	D OFFICERS AND D		DELETE		1.1 TITLE		ADDITIONS/CHANGES TO OF	FICENS AIN	Change	Addition	
NAME	_	ils, eodie	<b></b>	1.2 N							
STREET ADDRESS		BORD LN N				ADDRESS				i	
CITY-SI-ZIP		PALM BEACH FL 334	112	1		ST-ZIP				1	
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NAME				2.2 N	AME				-		
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NAME				3.2 N	AME	ļ				1	
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NAME				4.2 N	IAME	ļ				ļ	
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CITY-ST-ZIP				4.4 C	17Y-S	iT-ZIP					
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NAME				5.2 N	AME	}					
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CITY-ST-ZIP				5.4 C	ITY-S	IT - ZIP					
TITLE			DELETE	6.1 TI	TLE				Change	Addition	
NAME				6.2 N	AME	1					
STREET ADDRESS				6.3 S	TREET	ADDRESS					
CITY-ST-ZIP						iT-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 12 or Block 13 if changed, or on an attact that it an address.

SIGNATURE:

Eddie Gianaris

4-7-98

561-630-8656