

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076614 (4)

1. Corporation Name

BOCA RATON LANDSCAPE DESIGN AND INSTALLATION, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/17/1994
3a. Date of Last Report

4. FEI Number 65-0563205
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. This corporation has liability for intangible tax under S. 100.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

304 NW 12 AVE
BOCA RATON FL 33486

304 NW 12 AVE
BOCA RATON FL 33486

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROMONOWSKI, PETER
304 NW 12 AVE
BOCA RATON FL 33486

81. Name

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

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 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROMONOWSKI, PETER
STREET ADDRESS 304 NW 12 AVE
CITY- ST - ZIP BOCA RATON FL 33486

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST - ZIP

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CITY- ST - ZIP

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STREET ADDRESS

CITY- ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST - ZIP

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, director, or shareholder of the corporation or its 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 a change, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-95 4073383854

Date

Daytime Phone #