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

PROFIT CORPORATION ANNUAL REPORT

1997



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400076614 (4)

BOCA RATON LANDSCAPE DESIGN AND INSTALLATION, IN

FFIII	Cipai	rı	ace	Ų	DUSI ICSS
884	4811 4		410		

Mailing Address

FILED May 02 1997 8:00am Secretary of State



304 NW 12 AVI BOCA RATON		304 NW 12 AVE BOCA RATON FL 33486-3467						
					3. Date Incorporated or Qualified 10/17/1994		3a. Date of Last Report 08/28/1996	
2. Principal Pl	ace of Business	2a. Mailing Address 26			4. FET Number 65-0563205		Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip [29]	Gountr 30	y		Yes 🗌 No	er s. 199.032,	
	9, Name and Address of Curre	nt Registered Agent	81	Nama	10, Name and Address of New Reg	ilstered Agent		
* 1	IONOYSKI, PETER		01	Name				
	NW 12 AVE CA RATON FL 33486		82		ress (P.O. Box Number is Not Acceptabl	e)		
			83	1				
	· 7		84	City		FL 85	Zıp Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authorized b	y the corpora	poration submits this statement for the pr tion's board of directors. I hereby accep	urpose of changir tithe appointmen	ng its registered t as registered	
SIGNATURE		000	T-6-122			DATE		
12.	Signature, typed or printed name of registered ag OFFICERS AN	ID DIRECTORS	1 13.	gen signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE		TORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Char		
NAME	romonoyski, peter		1.2 NAME					
STREET ADDRESS	304 NW 12 AVE		1.B STREE	T ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CiTY-	S1-7)P				
TITLE		☐ DELETE	21 TITLE			☐ Char	nge Addition	
NAME			22 NAME					
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TITLE	The state of the s	☐ DELETE	6.1 TITLE			☐ Char	nge Addition	
NAME			62 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6,4 CITY-					
14. I do hereb	by certify that the information supplic	ed with this filing does not quali	ify for the ex	emption state	d in Section 119.07(3)(i), Florida Statutes	. I further certify	that the	
intormatio I a m an oi	in indicated on this annual report or fficer or director of the corporation o	supplemental annual report is I r the receiver or trustee empoy	true and acc vered to exe	curate and that cute this repo	at my signature shall have the same legal ort as required by Chaptor 607, Florida S	effect as if made tatules; and that r	e under oath; tha my name	