SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000077767 (9)

1. Corporation Name

BEST LANDSCAPING, INC.

Principal Place of Business	Mailing Address
830 N.E. 18 ST. FT. LAUDERDALE FL 33305	830 N.E. 18 ST. FT. LAUDERDALE FL 33305

3. Date Incorporated or Qualified: 10/24/1994
3a. Date of Last Report: 07/07/1995
4. FEI Number: 65-0530494 — 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MCCARTHY, LYNN
830 N.E. 18 ST.
FT. LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name: LYNN ANDERSON
82 Street Address (P.O. Box Number is Not Acceptable): 3316 NE 8 STREET
83
84 City: FT. LAUDERDALE FL 85 Zip Code: 33305

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	MCCARTHY, LYNN		1.2 NAME	ANDERSON, LYNN
STREET ADDRESS	830 N.E. 18 ST.		1.3 STREET ADDRESS	3316 NE 18 STREET
CITY-ST-ZIP	FT. LAUDERDALE FL 33305		1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33305
TITLE		☐ DELETE	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	~~MICHAEL BLOCK~~		2.2 NAME	MICHAEL BLOCK
STREET ADDRESS	~~830 NE 18 STREET~~		2.3 STREET ADDRESS	830 NE 18 St.
CITY-ST-ZIP	~~FT LAUDERDALE~~		2.4 CITY-ST-ZIP	FT LAUDERDALE
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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 or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynn McCarthy Anderson — 7-14 — 954 566-5585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)