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

PROFIT CORPORATION

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

ANNUA	AL REPORT 996	Sandra B. Secretary DIVISION OF CO	of State		
DOCUM 1. Corporation N	1ENT # P9400	00081812 (7)			
• •	R GREEN LANDSCAPE	DESIGNS, INC.		1 FR 0 FR 0 B 1 ID 1991 II 10 10 10 11 II 1	NA 141 SA 181 1818 I 1884 (818) (4818 1881 1881
Principal Place o	of Business	Mailing Address			
17064 WEST DIXIE HIGHWAY N MIAMI BEACH FL 33160		17064 WEST DIXIE HIGHWAY			
		n Miami Beach FL 3316	N MIAMI BEACH FL 33160		3a. Date of Las. Report
				11/08/1994 4. FEI Number	08/10/1995 Applied For
2. Principal Place of Business		2a. Mailing Address 26		65-0532207	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
13		28 7in	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
Zip 24	Country 25	Zip 29	Country 30	Florida Statutes	N o
	9. Name and Address of Curr	rent Registered Agent	81 Name	10. Name and Address of New F	egistered Agent
444444	MARTIN II			ddress (P.O. Box Number is Not Acceptab	200
17064 WEST DIXIE HIGHWAY			address (P.O. Box Number is Not Acceptad		
	BEACH FL 33160		83		
			84 City		FL 85 Zip Code
or rogistoro	d appet or both, in the State of FI	502 and 607.1508, Florida Statutes, lorida. Such change was authorized ection 607.0505, Florida Statutes.	the above-named co by the corporation's I	rporation submits this statement for the purpoper of directors. I hereby accept the app	Office as registered agont. To a
S	lignature, typed or printed name of registered a	gent and tire if applicable (NOTE: AND DIRECTORS	Registered Agent signature re	quired when reinstating): ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
12.	PD	DELETE	1. 1 TITLE		Change Addition
NAME	SCIARILLO, VINCENT F		1.2 NAME	Laulan W. L. Can	
STREET ADDRESS	1941 S.W. 126TH AVENUE MIRAMAR FL 33027		1.3 STREET ADDRESS 1 4 CITY-ST-ZIP	19482 AW II ST. PEMBLOKE MASS, P	<u> </u>
CITY-ST-ZIP TITLE	MINAMAN PL 33021	DELETE	2. 1 TITLE		Charge Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS 2 4 City-St-Zip		
CHY-ST-ZIP THLE	A	DELETE	3 1 TITLE		Charge Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
CITY-ST-7IP TITLE		DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SI-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
Trile :	ſ	. El occese	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		F1 Ab F1 4270
TITLE		☐ DETE1E	6. 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP 14. I do hereb	y certify that the information suppl	lied with this ling is voluntarily furnis	had and door not our	alify for the exemption stated in Section 119	3.07(3)(k), Florida Statutes. I further
certify that oath: that			al report is true and ac empowered to execut	curate and that my signature shall have the term of the this report as required by Chapter 607, F	

VINCENT SCARRING, Date 16/96 354-48-865