

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

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000081812 (7)

1. Corporation Name

FOREVER GREEN LANDSCAPE DESIGNS, INC.



Principal Place of Business

Mailing Address

~~17084 WEST DIXIE HIGHWAY~~  
~~N MIAMI BEACH FL 33160~~

~~17084 WEST DIXIE HIGHWAY~~  
~~N MIAMI BEACH FL 33160~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 17290 NE 19 Ave

2a. Mailing Address

26 17290 NE 19 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 No. Miami Beach, FL

City & State

28 No. Miami Beach, FL

Zip

24 33162

Country

25 USA

Zip

29 33162

Country

30 USA

9. Name and Address of Current Registered Agent

ALMAN, MARTIN H  
~~17084 WEST DIXIE HIGHWAY~~  
~~N MIAMI BEACH FL 33160~~

3. Date Incorporated or Qualified

11/08/1994

4. FEI Number

65-0532207

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

ALMAN MARTIN H

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

17290 NE 19 Ave

83

84 City

No. Miami Beach

FL

85 Zip Code

33162

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

*Martin H. Alman*  
Signature typed or printed name of registered agent and title if applicable

MARTIN H. ALMAN, 3/9/98  
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SCIARILLO, VINCENT F  
STREET ADDRESS 19482 NW 11 ST  
CITY-ST-ZIP PEMBROKE PINES FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 registered 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 attachment with an address.

SIGNATURE

*Vincent F. Sciarillo*

Vincent F. Sciarillo 3/9/98

CR2E034 (10/97)