

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$650 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000089791**

1. Corporation Name

OCEAN VIEW LANDSCAPE & IRRIGATION, INC.

Principal Place of Business

1598 NE SOTTONG DRIVE
JENSEN BEACH FL 34957-5737

Mailing Address

Go Grebe
P.O. BOX 2332
JENSEN BEACH FL 34958
US

2. Principal Place of Business

21 1586 NE Darlich Av.

Suite, Apt. #, etc.

22 Jensen Beach FL

City & State

23

Zip

24 34957

Country

25 Martin

2a. Mailing Address

26 1586 NE Darlich Av.

Suite, Apt. #, etc.

27

City & State

28 Jensen Beach FL

Zip

29 34957

Country

30 Martin

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90038 011 ***150.00

0108506



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1994

4. FEI Number

65-0543268

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

7. This corporation owes the current year

Intangible Personal Property.

Yes No

10. Name and Address of New Registered Agent

GREBE, ROBERT
633 N.W. BAKER RD
STUART FL 34957-5737

81 Name Grebe Robert W.

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

1586 NE Darlich Av.

83

84 City

Jensen Beach

FL

85 Zip Code

34957

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREBE, ROBERT		1.2 NAME	
STREET ADDRESS	1586 N.E. DARLICH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL		1.4 CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFRATELLO, TERESA A		2.2 NAME	
STREET ADDRESS	1042 N.W. OCEANVIEW CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND/TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/99 561-334-6456
Date Daytime Phone #

CR2E034 (5/99)