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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500008201 (2)

FLORIDA SCAPES, INC.

## **FILED** May 15 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					- I HERMAN HA NAKA CIMI SERK BUNI BUNI CUKI DUKI DIKA NAKA KANA KANA KANA KANA				
3850 J.W. I FREEPORT	HOLLINGTON RD. FL 32439	P.O. BOX 716 FREEPORT FL 32438	P.O. BOX 716 FREEPORT FL 32439-0716						
						3. Date Incorporated or Qualified 01/26/1995	l l	of Last F	leport
2. Principal Place of Business		—————	2a. Mailing Address			4. FEI Number		<del></del>	oplied For
1 Suite, Apt #, etc.		26				59-3306414 Not Applicab			
22		27				6. Certificate of Status Desired Fee Required			
City & State		City & State	28			6. Election Campaign Financing Trust Fund Contribution			
Z∙p -ma	Country	Zip	<del></del>	untry		8. This corporation has liability for			199.032,
24	25  9. Name and Address of Cu	rent Begistered Agent	30			Florida Statutes  10. Name and Address of New R		No	
		Hellt neglistered Agent		81	Name	IV. Name and Address of New A	afliara an w	Asim	
LARSEN, RICHARD A.									
162 CHAT HOLLEY RD				82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
8	SANTA ROSA BEACH FL 32459			83	·····				·····
				84	City		<del></del>	85 Zip	Code
				$\perp \perp$	<del></del>		FL	Щ	
office of agent.				_		oration submits this statement for the ion's board of directors. I hereby accessed when reinstaling?	DATE	inimeni as	registered
12.	OFFICERS	AND DIRECTORS	13.	•		ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	RS IN 12
THILE	D	☐ DELETI	1.11	TITLE				Change	Addition
NAMI	LARSEN, RICHARD A		1.21	NAME					
STREET ADDRES			1.33	STREET	ADDRESS				
CHTY - ST - ZIP	SANTA ROSA BEACH FL			CITY-S	T-ZIP				
III.F	VS	DELETI		IITLE		f	f	Change	Addition
NAME	LARSE, DEBRA A.			NAME					
STREET ADDRES	102 07277 1100001 772		1		ADDRESS	•			
CHY-ST ZIP	SANTA ROSA BEACH FL	DELET		CITY-S	IT-ZIP			Change	Addition
T-TEF NAME		FT NECEL		TITLE Namé			L	Change	
STREET ADDRE	es l				ADDRESS				
CITY-ST-ZIP	OO .			CITY - S	<b>i</b>				
THE		DELET		TITLE	ii - Fit			Change	Addition
NAME		Broad of S 144 ()		NAMÉ			•		
STREET ADORE	SS				ADDRESS				
CITY-ST 7IP				CITY - S	1				
TELE	NOTE OF THE PARTY	DELET		TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			5.21	NAME					
STREET ADDRE	SS		1	*******	*DOULES				
CHY-S1-ZiP			5.3	SIRELI	ADDRESS				
			5.4 (	STREET CITY-S					
TITLE		DELET	5.41					Change	Addition
TITLE NAM:		DELET	5.4 ( 6.1 )	CITY-S				Change	Addition
	SS	DELET	5.41 E 6.1 6.21	city-s title name		St	[	Change	Addition
NAM:	ss	DELET	5.4) E 6.1 6.21	city-s title name	1 - ZIP ADDRESS			Change	Addil

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 ham 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.