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**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1990	Sen of	DIVISION OF CONFORMIONS
DOCUMENT # 1. Corporation Name	P9500002	2121 (4)
CYGNET LANDSCAP	ES, INC.	
Principal Place of Business	Mai	ing Address
10151 UNIVERSITY BLVD. SUITE ORLANDO FL 32817		1151 UNIVERSITY BLVD. SUITE #240 RLANDO FL 32817



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10151 UNIVE ORLANDO FL	RSITY BLVD. SUITE #240 L 32817	10151 UNIVER ORLANDO FL	SITY BEVD. SUI 32817	ITE #240				
					3	 Date incorporated or Qualified 03/17/1995 	3a. Date of Last Report	
2. Principal Pla 21	ace of Business	2a. Mailing Addi 26	ress		4	I, FEI Number	Applied For Not Applicable	
Suite, Apt #	#, etc	Suite Apt #	, etc		5	. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State 28			6	 Election Campaign Financing Trust Fund Contribution 	\$5.00 May Be Added to Fees	
Z ₁ p 24	Country 25	Z _I p 29	30	Country	8	 This corporation has liability for in Florida Statutes 	intangible tax urider s. 199.032,] Yes No	
	9. Name and Address	of Current Registered Agent). Name and Address of New Re	gistered Agent	
DU	JFFY, SHANNON P			81 Nat	ne			
10151 UNIVERSITY BLVD. SUITE #240 ORLANDO FL 32817		. SUITE #240			et Address (et Address (P.O. Box Number is Not Acceptable)		
•				83				
				84 City			FL 85 Zip Code	
omce or re	egistered agent, or both, ir	ns 607 0502 and 607.1508, Florid the State of Florida Such chant the obligations of, Section 607.	ge was authori.	ized by the ci	ed corporatio orporation's b	on submits this statement for the publicated of directors. I hereby accept	urioso of changing to registered	
		=						
SIGNATURE 3	Signature typed or printed name of	registered agent and title if applicable	(NOTE Regis	stered Agent sign.	thate required who	n reicstating)	DATE	
SIGNATURE 3		registered agent and title if applicable		stered Agent sign.		in recisiating) ADDITIONS/CHANGES TO OFFIC		
		ICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
12.	OFF	ICERS AND DIRECTORS	ELETE 1	13.			CERS AND DIRECTORS IN 12 Change Addition	
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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 Brock 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DECTOR

District Place II

SIGNATURE: _