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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000076382 (7)

BRANDT LANDSCAPING & LAWN CARE, INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address					- I HERITARI THE TOTAL CITLI CALLI DELLI COLIS COLIS COLIS CITLOS LITAS L'ARTE LIST ÀCOL			
12955 NEW YORK WOODS CIRCLE ORLANDO FL 32824		12955 NEW YORK WOODS CIRCLE ORLANDO FL 32824								
								NOT WRITE IN THIS	SPACE	
							 Date Incorporated 10/05/1995 	or Qualified		
	ace of Business	2a, Mailing	28. Mailing Address				4. FEI Number		, p	opplied For
21			26				<u>59-3271759</u>			lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status	Desired []		Additional
22		27	_ 				- none		Fee F	Required
City & State	•	 	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Z ip	T. Couster				·n.		Trust Fund Contribu			
	<u></u>	·	H.	Coun	пу		8. This corporation ov			
24	9. Name and Address of Curr	[29]		30			Personal Property 1 10. Name and Addres			∐ No
						Name	IU, HAIIIO AND AUDITO	a or item Hegisteren	Mair	
BRANDT, STANLEY M					<u> </u>	144.170				
12955 NEW YORK WOODS CIRCLE ORLANDO FL 32824				6	82 Street Address (P.O. Box Number is Not Acceptable)					
Or Or	ILANDU PL 32824			- -	13					
					~					1
				E	4 (City		FL	85 Zip	Code
11. Pursuant I office or re agent. I as	o the provisions of Sections 607.0 egistered agent, or both, in the Sta in familiar with, and accept the ob-	502 and 607.1508, ite of Florida. Such igations of, Section	Florida Statutes change was au 607.0505, Flor	s, the about thorized ida Statut	by thes.	iamed corpor ne corporation	ation submits this stater n's board of directors. It	nent for the purpose onereby accept the ap	of changing pointment a	its registered s registered
SIGNATURE	Signature, typed or printed name of registered.					signature required		DATE		
12.		ND DIRECTORS	(1012	13.		ang Liore required		ES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	Ρ		DELETE	1.1 TITLE	ŧ	T			Change	
NAME	Stanley M. Brandt			1.2 NAM	IE .					
STREET ADDRESS 12955 NEW YORK WOODS CIRCLE				1.3 STREET A		DRESS				
CITY-ST-ZIP	ORLANDO FL			1.4 CITY	· ST - 7	ZIP				
TITLE	\$		DELETE	2.1 TITLE				*** *** *** *** *** *** *** *** *** **	Change	Addition
NAME	BEVERLY S. BRANDT			2.2 NAM	E	ļ.				Į
STREET ADDRESS	12955 NEW YORK WOODS	CIRCLE		2.3 STRE	ET AD	DRESS				ĺ
CITY-ST-ZIP	ORLANDO FL			2. 4 CITY	r-\$1-	ŽŧΡ				l
TITLE			DELETE	3.1 ¥(TL)					Change	Addition
NAME				3.2 NAM	E					
STREET ADDRESS				3.3 STRE	ET AD	DRESS				
CITY - ST - ZNP				3.4. CITY	r-\$1-	ZIP				
TITLE	,		DELETE	4.1 TITLE	E				Change	Addition
NAME				4. 2 NAN	AE.					
STREET ADDRESS				4.3 STRE	ET AD	DRESS				
CITY-ST-ZIP				4.4 CITY	- ST- Z	?IP				
TITLE			DELETE	5.1 TITLE	E		•	<u>-</u>	Change	Addition
NAME				5.2 NAM	E					ł
STREET ADDRESS				5.3 STRE	ET AD	ORESS				ļ
CITY-ST-ZIP				5.4 CITY	-ST- Z	IP				
TITLE	, , , , , , , , , , , , , , , , , , , ,		DELETE	6 1 TITLE	E				Change	☐ Addition
MAME				6.2 NAM	E		>			
STREET ADDRESS				6.3 STRE	ET AD	DAESS				
CITY - ST - ZIP				6.4 CITY	- ST - Z	IP .				

14. Thereby 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 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 changes; or or an attackment with an address.