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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000085200 (0)

EARTH CARE LANDSCAPE SYSTEMS, INC.

FILED Jan 22 1998 8:00am Secretary of State



W PRINCE CONTROL OF THE CONTROL OF T				
Principal Place of Business	Mailing Address		1	
EAST HWY 48 P. O. BOX 492213				
YALAHA FL 34749 LEESBURG FL 34749 US US			DO NOT WRITE IN THIS SPACE	
	-		3. Date Incorporated or Qualified	THE THIS GI AGE
			11/02/1995	•
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3357175	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27			5. Certificate of Status Desired	Fee Required
City & State	⊢ '		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip _	Country	8. This corporation owes or has pai	
24 25 9. Name and Address of Current		10	Personal Property Tax due June 10. Name and Address of New Reg	
ZOLTAN. LLOYD J	negistered Agent	81 Name	10. Name and Address of New Reg	Jistered Agent
6030 HWY 48		J. Mario		
PO BOX 367		82 Street Addre	ess (P.O. Box Number is Not Acceptable	le)
YALAHA FL 34797		83		
IALAIN I E 07/9/				
		84 City		85 Zip Code
11 Privariant to the provisions of Sections 607 0503	and 607 1509 Florida Statutos	the shove named corns	aration cultivate this statement for the pu	
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 Signature, typed or printed name of registered agen		Registered Agent signature require	·	DATE
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE P	DELETE	1.1 TITLE		Change Addition
NAME ZOLTAN, LLOYD J		1.2 NAME		
STREET ADDRESS 6030 HWY 48		1.3 STREET ADDRESS		
CITY-ST-ZIP YALAHA FL 34797		1,4 CITY-ST-ZIP		
TITLE VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME ZOLTAN, JAKAB L		2.2 NAME		
STREET ADDRESS 6030 HWY 48		2.3 STREET ADDRESS		
CITY-ST-ZIP YALAHA FL 34797		2. 4 CITY-ST-ZIP		70 lang
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. GITY - ST - ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		İ
STREET ADDRESS		4,3 STREET ADDRESS		
CITY-SI-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5,2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS	•	
CiTY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		1
14. I hereby certify that the information supplied with	this filing does not qualify for t	he exemption stated in S	ection 119.07(3)(i), Florida Statutes. I fu	urther certify that the information

indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a 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: ///