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.)



CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORA					am te		
	MENT # P950 ANDSCAPING, CORP.	0008569	91 (0))		I VOJE BELL AND MAINE BISSE DE SU DOCUM	ARNII ARIRI MIAN ANNA RHIJA JAMA INGO NGO MAGA
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	pe of Business OTH TERRACE N FL 33322		dress 80TH TERRAC ON FL 33322	E			
						3. Date Incorporated or Qualified 11/08/1995	3a. Dale of Last Report
· · · · ·	Place of Business	2a. Mailing	Address			4. FEL Number 65-0180762	Applied For
Suite, Apt	#, etc.	26 Suite, A	pt. #, etc				Not Applicable \$8.75 Additional
22		27				5. Certificate of Status Desired	Fee Required
City & Stal	te	City & S 28	late			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ip 24	Country 25	Zip 29		30	intry	This corporation has liability for Florida Statutes	
	9. Name and Address of Cur	rent Registered Ago	ent			10. Name and Address of New R	egistered Agent
GILL, STANLEY C III 1344 NW 80TH TERRACE PLANTATION FL 33322					81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85		ble)
11. Pursuant office or r agent 1 a SIGNATURE	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the ob-					poration submits this statement for the patients board of directors. I hereby acceptions when reassement	Durpose of changing its registered at the appointment as registered
12.	·	AND DIRECTORS	(r _i ()	13.	a Ageir signacire ren	ADDITIONS/CHANGES TO OFFI	
TITLE	D		DELETE	1 t T	TLF		Change Addition
NAME	GILL, STANLEY C II			12 N	AME		[3
STREET ADDRESS	1344 NW 80TH TERRACE			135	FREET ADDRESS		اِنَّ
CITY-ST-ZIP	PLANTATION FL 33322	· · · · · · · · · · · · · · · · · · ·	Dr. CIC		TY-ST-ZIP		
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NAME				5 2 N.	AME		
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TITLE NAME		L.	j beteit	61 Ti 62 N	I .		Change Addition

63 of City-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 trusted empowered to execute this report as required by Chapter 617. Florida Statutes and that my name appears in Block 13 of changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 3 STREET ADDRESS

STREET ADDRESS