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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000094610 (9)**

1. Corporation Name

FLORIDA TOPIC LAWN & LANDSCAPING MAINTENANCE, INC.

Principal Place of Business	Mailing Address
325 SW 8TH CT. DELRAY BEACH FL 33444	325 SW 8TH CT. DELRAY BEACH FL 33444

3. Date Incorporated or Qualified: 12/11/1995

3a. Date of Last Report:

2. Principal Place of Business
21: 1113 Wallace Drive
22: Suite, Apt. #, etc:
23: City & State: Delray Beach, FL
24: Zip: 33444
25: Country:

2a. Mailing Address
26: 1113 WALLACE DRIVE
27: Suite, Apt. #, etc:
28: City & State: Delray Beach, FL
29: Zip: 33444
30: Country:

4. FEI Number: 65-0658190 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FELICIANO, LUIS E
325 SW 8TH CT.
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name: Feliciano, Luis E
82 Street Address (P.O. Box Number is Not Acceptable): 1113 WALLACE DRIVE
83:
84 City: Delray Beach FL 85 Zip Code: 33444

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (New Registered Agent's signature required when designated)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELICIANO, LUIS E 325 SW 8TH CT. DELRAY BEACH FL 33444	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition D Feliciano, Luis E 1113 WALLACE DRIVE Delray Beach, FL 33444
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIVERA, ANTONIO 325 SW 8TH CT. DELRAY BEACH FL 33444	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition D RIVERA, Antonio 1113 WALLACE DRIVE Delray Beach, FL 33444
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(i), 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 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: Luis E. Feliciano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96 Date

407/274-8216 Daytime Phone #

CR2E034 (12/95)