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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P95000094610 (9)

FLORIDA TOPIC LAWN & LANDSCAPING MAINTENANCE IN

Principal Place of Business	Mailing Address	
1113 WALLACE DRIVE DELRAY BEACH FL 33444 US	1113 WALLACE DRIVE DELRAY BEACH FL 33444 US	
2. Principal Place of Business	2a. Mailing Address	
-	00	
21 Suite, Apt #, etc.	26 Suite, Apt. #, etc.	

FILED Mar 06 1998 8:00am Secretary of State



						1
Principal Place of Business Mailing Address				# (#1) 		
		1113 WALLACE DRIVE				
DELRAY BEACH FL 33444		DELRAY BEACH FL 33444		DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualified	THO OF AGE
2. Principal P	lace of Business	2a. Mailing Address			12/11/1995 4. FEI Number	Applied For
21		26			65-0658190	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	6	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Cou	ntry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Registe	red Agent
	LICIANO, LUIS E			oi Name		
	3 WALLACE DRIVE		Ì	82 Street A	ddress (P.O. Box Number is Not Acceptable)	
DEI	LRAY BEACH FL 33444		}	83		
			ŀ	63		
			Ì	64 City		85 Zip Code
11 Purcuent t	to the province of Sections 607 064	02 and C07 1509 Florida Ctat	don the of	Aug Bamada	accounting a desire this statement for the same	FL es zip code
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida Such change was jations of, Section 607.0505, F	authorized Iorida Stati	by the corpo ites.	orporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered ag			Agent signature re	quired when reinstating) DA	-
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
NAME	D FELICIANO ALUCE	OLLER	1.1 TIT	- 1		Change Addition
STREET ADDRESS	FELICIANO, LUIS E 1113 WALLACE DRIVE		1.2 NA			
CITY-ST-ZIP	DELRAY BEACH FL			EET ADDRESS		
TITLE	DECIMI BEACH PL	DELETE	21 117	Y-ST-ZIP		Change Addition
NAME	RIVERA, ANTONIO	L. Ditti	2.2 NA			Circulation Circulation
STREET ADDRESS	1113 WALLACE DRIVE			REET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL					
TITLE	DECHAT BEACTITE	☐ DELETE	3.1 TIT	Y-ST-ZIP		☐ Change ☐ Addition
NAME		<u></u>	3.2 NA	- 1		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	4.1 111			Change Addition
NAME			4. 2 NA			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
THILE		DELETE	5.1 1(1)			Change Addition
NAME			5.2 NA	1		
STREET ADDRESS			1	EET ADDRESS		
CITY-ST-ZIP				r-ST-ZIP		
TITLE		DELETE	6.1 TiTi			Change Addition
NAME			6.2 NAJ	AE .		
STREET ADDRESS			63 S16	EET ADDRESS		
CITY-ST-ZIP			6.4 CIT	Y - ST - ZIP		

14. Thereby certify that the information supplied with this filling 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 eath; 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 13 if changed, or an attachment with an address.