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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000095237 (0)
1. Corporation Name

LAND LOVERS DESIGN & MAINTENANCE, INC.



|  |   |         | niling Address                       |   |  |  | Attit Batte teret .        | 11119 11845  | ,, (05, ,05-    |
|--|---|---------|--------------------------------------|---|--|--|----------------------------|--------------|-----------------|
| Principal Place of Business  |   |         |                                      |   |  |  |                            |              |                 |
| 531 S.W. 157 CC  | OURT  |         | 531 S.W. 157 COURT<br>11AM1 FL 33193 |   |  |  |                            |              |                 |
| IIAMI FL 33193   |   | •       | MINMI FL 30130                       |   |  | 3. Date Incorporated or Qualified 12/15/1995   |                            |              |                 |
|  |   |         |                                      |   |  | 4. FEI Number 65-06  | 42263                      | Ar           | oplied For      |
| Principal Place  | of Business   |         | Mailing Address                      |   |  | a solver   | <b>-</b>                   | N/           | ot Applicable   |
|  |   | 26      | O N. Aut B oto                       |   |  | Construct of Status Designal   |                            |              | Additional      |
| Suite, Apt. #, e   | etc.  | 07      | Suite, Apt. #, etc                   |   |  | 5. Certificate of Status Desired   |                            |              | equired         |
|  |   | 27      | City & State                         |   |  | 6. Election Campaign Financing   |                            |              | May Be          |
| City & State   |   | 28      | 01.7 0 0 11.11                       |   |  | Trust Fund Contribution  |                            |              | to Fees         |
|  | Country   |         | Z(p)                                 | Cou   | ntry   | 8. This corporation has liability for  | or intangible tav<br>es No | cunaers      | 199.032,        |
| Zip  | 25  | 29      |                                      | 30  |  | Florida Statutes You 10. Name and Address of New   |                            | Agent        |                 |
|  | 9. Name and Address of Curre  | nt Regi | stered Agent                         |   | rair de la company   | 10. Name and Address of No.  | , nogration                | · · · · · ·  |                 |
|  |   |         |                                      |   | 81 Name  |  |                            |              |                 |
| STALZER,   | RUSSELL   |         |                                      |   | 82 Street Add  | ress (P.O. Box Number is Not Accept  | table)                     |              |                 |
| 7531 S.W. 157 COURT<br>MAMI FL 33193   |   |         |                                      |   |  |  |                            |              |                 |
|  |   |         |                                      |   | 83   |  |                            | T-1 7.       |                 |
| *****  |   |         |                                      |   | 84 City  |  | FL                         | .  **  '     | o Code          |
|  |   |         |                                      |   | <u> </u>   | oration submits this statement for the ard of directors. Thereby accept the a  |                            | anging its r | egistered offic |
| tamilar with,  | diagent, or both, in the State of Ho, and accept the obligations of, Sei gradies typed or profestions on regional lagrange typed or profestions and or regional lagrange. |         |                                      |   | s I Appart sapriative filed to   | oration submits this statement for the aird of directors. Thereby accept the a   | DATE                       |              |                 |
|  | OFFICERS A  | ND DiB  |                                      | 13.   |  | ADDITIONS/CHANGES TO   | JEFICENS AND               | Change       | Addition        |
| 2.<br>7.5  | PTD   |         | ☐ DELETE                             | 1.1   | THILE  |  | •                          | origings     |                 |
| ILE .  | STALZER, RUSSELL  |         |                                      | 121   | NAME   |  |                            |              |                 |
| AME<br>FREET ADDRESS   | 7531 S.W. 157 COURT   |         |                                      | 13  | STREET ADDRESS   |  |                            |              |                 |
| · · · · · · · · · · · · · · · · · · ·  | MIAMI FL 33193  |         |                                      |   | CITY - ST - ZIF  |  |                            | Change       | ☐ Addition      |
| ITY+ST-ZIP<br>ITLE   | VŠ  |         | [] DEFEIR                            | 2 1   | TITLE  |  |                            |              |                 |
|  | ROMAN, JAMES A  |         |                                      | _   | NAME   |  |                            |              |                 |
| AME  | 15533 SW 102ND COURT  |         |                                      |   | CINCEL MODELS C. 1   |  |                            |              |                 |
| ì  | 10000 Ott 100110 COL  |         |                                      |   | STREET ADDR: SS  |  |                            |              |                 |
| THEET ADDRESS  | MIAMI FL 33157  |         |                                      | 2 4   | CITY - ST - ZIP  |  |                            | Change       | Additio         |
| THEET ADDRESS  |   |         | DELETE                               | 24  | CITY - ST - ZIP  |  |                            | Change       | Additio         |
| TREET ADDRESS<br>SITY - ST - ZIP   |   |         | □ DELE IE                            | 2 4<br>3 '  | CITY - ST - ZIP  |  |                            | ☐ Change     | Additio         |
| THEET ADDRESS  HTY-ST-ZIP  HTLE  NAME  |   |         | DELETE                               | 2 4<br>3 3<br>3 2<br>3 3                                  | CITY - ST - ZIP 1 THEE NAME 3 STREET ADDRESS   |  |                            | ☐ Change     |                 |
| THEET ADDRESS UTY-ST-ZIP UTLE NAME STREET ADDRESS  |   |         |                                      | 24<br>3 2<br>3 2<br>3 3<br>3 4                            | CITY - ST - ZIP  1 PILE NAME 3 STREET ADDRESS 4 CITY - ST - ZIP  |  |                            | ☐ Change     |                 |
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| THEET ADDRESS INTY-S1-ZIP INTLE INTL |   |         | DELETE                               | 24<br>3 3<br>32<br>33<br>34<br>4.<br>4.<br>4.<br>4.       | CITY - ST - ZIP 1 TITLE 1 NAME 2 STREEL ADDRESS 4 CITY - ST - ZIP 1 TITLE 2 NAME   |  |                            |              | : Additio       |
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| STREET ADDRESS STATE TADDRESS STATE TADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE TITLE NAME  |   |         | DETELE                               | 24<br>3 3<br>32<br>33<br>34<br>4.<br>45<br>5<br>5         | CITY-ST-ZIP TITLE NAME STREEL ADDRESS 4 CITY-ST-ZIP TITLE 2 NAME 3 STREEL ADDRESS 4 CITY-ST-ZIP TITLE 2 NAME 3 STREEL ADDRESS 4 CITY-ST-ZIP 3 STREEL ADDRESS 4 CITY-ST-ZIP 4 STREEL ADDRESS 4 CITY-ST-ZIP  |  |                            | ☐ Change     | e Addition      |
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SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR