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

CORPORATION ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000097369 (9)

FIVE BRANCHES LANDSCAPING, INC.

Principal Place of Business	Mailing Address
4801 SW 111TH TERRACE	4801 SW 111TH TERRACE
FORT LAUDERDALE FL 33328	FORT LAUDERDALE FL 333

FILED May 12 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/18/1995 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 21 26 65-0630504 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 ZiD Country Country This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CARLO, GARY 4621 SW 111TH TERRACE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33328 83 84 City Zip Code 85 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 agent and title if applicable (NOTE Registered Agent eignature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE CARLO, GARY NAME 12 NAME 4621 SW 111TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33328 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change 2.1 TITL€ TITLE NAME MILLER, VICKI 22 NAME 11040 NW 18TH CT. STREET ADDRESS 23 STREET ADORESS PLANTATION FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3 4. CITY- ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAMÉ 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change 51 TITLE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 617ITE TITLE NAME 62 NAME

14. Thereby certify that the information supplied with this filing 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

6.3 STREET ADDRESS 6 4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP