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

PROFIT CORPORATION **ANNUAL REPORT**

1998

1977年 1988年 日本 1988年 1777年 1888年 1888年 1788年 17



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 02 1998 8:00am Secretary of State

	MENT # P96000 NANT GROUNDSKEEPING II					
		•••			T TRANSPORT HE LEVEL BOTH BOTH BOTH BOTH BOTH BOTH BOTH BOTH	
Principal Plac	ce of Business	Mailing Address				
21506 MANATEE AVENUE 21506 MANATEE AVENUE			<u> </u>			
	OTTE FL 33952	PORT CHARLOTTE FL 33			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	_
					01/12/1996	-
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	\exists
21	26			65-0643867 Not Applicate	ole	
Suite, Apt	. #, e1C.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required	ŀ
City & Sta	le .	City & Stato			6. Election Campaign Financing \$5,00 May Be	\dashv
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the current year Intangible	
24	25 9. Name and Address of Curren	29	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	4
		it Hadistalan Maailt	B1	Name	10. Name and Address of New Registered Agent	\dashv
	HCE, KENNETH 506 MANATEE AVENUE		-			_
	ORT CHARLOTTE FL 33952		82	Street Ad-	ddress (P.O. Box Number is Not Acceptable)	
			83			ヿ
			84	City	85 Zip Code	
					FL	
Office or	registered agent, or both, in the State	ToN-florida. Such change was a	uthorized by	the corpora	orporation submits this statement for the purpose of changing its registere ration's board of directors. I hereby accept the appointment as registered	d
	am familial with, and accept the obliga	. / 4 1/		, < , }	1-27.08	
SIGNATURE	Signature, typod or printed name of registered age	int and little if applicable. (NOTE		nt signature req	quired when reinstating) DATE	-
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE			1.1 TITLE		L Change L Addition	on 3
NAME			1.2 NAME			
STREET ADDRESS	DODE OLIVE OTTE EL AGORA		1.3 STREET	ľ		
CITY-ST-ZIP TITLE			1.4 CHTY-S 2.1 THTLE	11-202	Change Addition	
NAME	HARPER, MICHAEL E					
STREET ADDRESS	AARAA TAAGEERAN AARAA KA		2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY - 9	ST-ZIP		
TITLE	DELETE 3.1 T		3.1 TITLE		☐ Change ☐ Addition	on
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP TITLE	DELETE 4.1			ST-ZIP	☐ Change ☐ Additio	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		-
CITY-ST-ZIP	<u> </u>		4.4 CITY - S	T-ZIP		
TITLE	DELETE 5.1 To		5.1 TITLE		☐ Change ☐ Addition	วก
NAME			5.2 NAME			
STREET ADDRESS			53 STAFET	- 1		
CITY-ST-ZIP			54 CHY-S	T - ZIP	Change Addition	
TITLE Name			61 TITLE 62 NAME			,ur
STREET ADDRESS			6.3 STREET	223BOOA		
CITY-ST-ZIP	;		6.4 CITY-S			
	certify that the information supplied wi	th this filma does not qualify to			in Section 119.07(3)(i). Florida Statutes, I further certify that the information	_

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 true-gee 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.

and Kenneth J. Price