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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600006687 (3)

NATURAL ART LANDSCAPE MAINTENANCE, INC.

Principal Place of Business

Mailing Address

## **FILED** May 13 1997 8:00am Secretary of State



13291 N.W. 5TH STREET PLANTATION FL 33325		13291 N.W. 5TH STREET PLANTATION FL 33325-2182								
						3. Date incorporated or Qualified 01/22/1996	3a. Date of Last Report			
2. Principal Place of Busine	26. Mailing Address					4. FEI Number			Applied For	
21	26					65-0641447			Not Applicable	
Suite, Apt #, etc	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State	City & State					Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24 2	Country 5	Z <sub>I</sub> p <b>29</b>		Count	try		This corporation has liability for Florida Statutes	ntangible Yes		rs. 199.032,
9, Name a	nd Address of Current F	legistered A	gent				10. Name and Address of New Re	gistered A	lgent	
BATES, TERRY				8	11	Name				
13291 N.W. 5TH STREET PLANTATION FL 33325			8		Street Addre	et Address (P.O. Box Number is Not Acceptable)				
				8	13					
				8	14	City	· · · · · · · · · · · · · · · · · · ·	FL	85 Z	ip Code
SIGNATURE Signature typodio	printed name of registered agent a	nd litte if applicab		TE Registered A			on's board of directors. I hereby accept diwhen reinstating)	DATE		
12.	OFFICERS AND I	DIRECTORS	DELETE	13.		1 1	ADDITIONS/CHANGES TO OFFICE		Chang	
NAME PRES. STREET ADDRESS 13291 CHY-SI-ZP PLAN	DIR.  J. BATE  NW 5  TATION. FL	S ST 33.	325	1.2 NAM 1.3 STRE 1.4 City	ie Eet ac '-st-	DDRESS 13	RES. DIR RRY J BATES 291 NW 5 87 ANTATION FL.		325	
TITLE  NAME  STHEET ALIONESS			DELETE	2.1 TITLE 2.2 NAM 2.3 STRE	ie Eet <b>a</b> t				Chanç	ge L. Addition
CHY-ST-ZIP  TIFLE  NAME  STREET ADDRESS			☐ DELETE	2 4 CIYY 3.1 TITLE 3.2 NAM 3.3 STRE	E IE		<u></u>		Chang	e Addition
Crity - S1 - ZIP				3.4. City			•			
TITLE			DELETE	4.1 TITLE	E				Chang	je 🔲 Addition
NAME				4. 2 NAM	ΛE					
STREET AUDRESS				4.3 STRE						
CITY: ST: ZIP			DELETE	4.4 CITY 5.1 TITLE		ZIP	· · · · · · · · · · · · · · · · · · ·		Chanc	je Addition
NAME			DIRECT	5.2 NAM	Œ					yo Lind ryodilidii
STREET ADDRESS				5.3 STRE		1				
CHY-ST-ZIP TITLE			DELETE	5.4 CITY 6.1 TITLE		ZIP			Chang	e Addition
NAME				6.2 NAM			•			
STREET ADDRESS				6.3 STRE		DORESS				
CITY-SI-ZiP				6.4 CITY		i				
				CC . Com Alexander			to Continue 440 07/00/0 Classical Continue	a definition	- LIE . 41	

14. I do hereby 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 of 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:

0285598