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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000006687

1. Corporation Name

## FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90086 025 \*\*\*150.00

NATURAL ART LANDSCAPE MAINTENANCE, INC.									
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Principal Place of Business Mailing Address  12201 NW STU CTREET									
13291 N.W. 5TH STREET 13291 N.W. 5TH STREET PLANTATION FL 33325 PLANTATION FL 33325									
)							DO NOT WRITE IN THIS S	PACE	
	•						3. Date Incorporated or Qualifed 01/22/1996		
2 Principal B	Diago of Business	2a.	Mailing Address			<del></del>	4. FEI Number	A	applied For
2. Principal Place of Business 2a. Mailing Address 21							65-0641447	· -	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional	
27						5. Certificate of Status Desireo	Fee	Required	
City & State City & State						6. Election Campaign Financing		May Be	
23 28			7:-	Country			Trust Fund Contribution		I to Fees
Zip	Country	} <del></del> -	Zip	30	nuy		This corporation owes the current year Intal     Personal Property Tax.	ngible Yes	□No
24	25 25 9. Name and Address of Curre	29 ent Regist	ered Agent	30	T		10. Name and Address of New Registered A	_	
, <u>,</u>					81	Name			
	ES, TERRY J				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
13291 N.W. 5TH STREET									
PLA	NTATION FL 33325				83				
	•				84	City	FL	85 Zip	Code
			7 4500 Florida Chabid	4	h = 14	o named sarns	pration submits this statement for the purpose of c	hanging it	ts registered
i office or r	registered agent, or both, in the Stati	e of Florida	a. Such change was a	uthorized	עם נ	the corporation	n's board of directors. I hereby accept the appoin	tment as	egistered
•	am familiar with, and accept the oblig	gations of,	Section 607.0505, Fig	inda Siau	utes.	i.	,		}
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if	applicable. (NOTE	: Registered	Agen	nt signature required			
12.	OFFICERS A	ND DIREC	··	13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD .		☐ DELETE	1.1 11				☐ Change	Addition
NAME.	BATES, TERRY J			1.2 N/		* 4000000	·	1	
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			☐ DELETE		TY-ST	iT-ZIP		☐ Change	Addition
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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, with all other like empowered.

SIGNATURE?