

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

FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P96000030282 (3)

1. Corporation Name
MAR-LIN LAWNSCAPES, INC.



Principal Place of Business 6057 HOLLOW DR NAPLES FL 33962	Mailing Address 6057 HOLLOW DR NAPLES FL 34112-2823
--	---

2. Principal Place of Business 21 11314 Sunray Dr. Suite, Apt. #, etc.		2a. Mailing Address 26 11314 Sunray Dr. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/01/1996	3a. Date of Last Report
22		27		4. FCI Number 65-0651655	Applied For <input type="checkbox"/> Not Applicable
23 Bonita Springs, FL City & State		28 Bonita Springs, FL City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 34135 Zip		29 34135 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 USA Country		30 USA Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RUSSETTO, A. DANIEL 6057 HOLLOW DR NAPLES FL 33962		10. Name and Address of New Registered Agent 81 Name Marion E. Gallant 82 Street Address (P.O. Box Number is Not Acceptable) 11314 Sunray Dr. 83 84 City Bonita Springs FL 85 Zip Code 34135	
--	--	--	--

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 Marion E. Gallant DATE 3/8/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUSSETTO, A. DANIEL		1.2 NAME	
STREET ADDRESS 6057 HOLLOW DR		1.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 33962		1.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GALLANT, RICHARD F		2.2 NAME	
STREET ADDRESS 11314 SUNRAY DR		2.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 33923		2.4 CITY-ST-ZIP	
TITLE ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUSSETTO, LINDA		3.2 NAME Marion E. Gallant	
STREET ADDRESS 6057 HOLLOW DR		3.3 STREET ADDRESS 11314 Sunray Dr.	
CITY-ST-ZIP NAPLES FL 33962		3.4 CITY-ST-ZIP Bonita Springs, FL 34135	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: Marion E. Gallant DATE: 3/8/97 941-495-6067

CR2E034 (9/96)