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

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P96000031248

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90298 031 \*\*\*150.00

GHEENL	JAY LAWN & LANUSCAPE	ING.											
Principal Plac	e of Business	Mailing Address							IID BILLE BOOK	30111 00111 001	AN INDI NAMED MAN	01661 1211 1861	
7028 S.W. 1521	ND PLACE	7028 S.W. 152ND PLACE											
MIAMI FL 3319		MIAMI FL 33193											
US		U\$				2.5	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed						
						1		•	or Qualii	30			
		1 0 14-95- 14-4					4/09/1		<del></del>		1 7 %	plied For	
2. Principal P	flace of Business	2a. Mailing Address					4. FEI Number 52-1075005					ot Applicable	
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.							02 1010000						
<b>-</b> ' '	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired See Required						
City & Stat		27   City & State					-,						
¬ ` `		28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip	Country	Zip	Cou	Country						urrent year			
24	25	29	30	,			ersonal i			arroth you.	Yes	□No	
:4]	9. Name and Address of Curr		1001		<del>.</del>					v Registere	d Agent		
	<b>9</b> .			81	Name								
NUT	TER, SEAN								- N-4 A	_4_61_1			
7028	3 S.W. 152ND PLACE			82	Street A	Address (P.O	BOX NU	imber i	S NOT ACCE	ptable)			
MIA	MI FL 33193			83	•								
	• •												
				84	City					F	L 85 Zip	Code	
SIGNATURE	Signature, typed or printed name of registered a		E: Registered	Agent	signature re	equired when reins			IGES TO	DATE	AND DIRECTO	ORS IN 12	
TITLE	P			1.1 TITLE			OI HOIN.	3/011/1	<u> </u>	OTT TOLING	☐ Change	Addition	
NAME	NUTTER, SEAN	L3 000014	1.1 IIIL										
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	MIAMI FL 33193			ITY-ST									
TITLE	TD	☐ DELETE	2.1 TI			TD	5		-	Change	☐ Addition		
NAME	LEVINSON, KAREN B		2.2 N		}	VARE	EN	B. NUT	NUT	TER	·		
STREET ADDRESS	0 11/ 450 DI				ADDRESS	~,,,,							
CITY-ST-ZIP	MIAMI FL 33193			ITY-SI									
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NAME	I		6.2 N									- {	
			0.2 N	AME								. 1	
STREET ADDRESS					ADDRESS								

14. I 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 or an attachment with an address, with all other like empowered.

SIGNATURE: