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 # P9600031497 1. Corporation Name

ISLE LANDSCAPE & MAINTENANCE, INC.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90052 046 ***150.00



						. 1918 (1914 1919) 183 9		
Principal Place of Business Mailing Address					L INESIMAN ILE SOLIN DESIL GENIL GENIL EGILL	BOIDS SILES IVERS BIBIO		
5190 S E MEADOW SPRINGS BLVD 5190 S E MEADOW SPRINGS STUART FL 34997-6564 STUART FL 34997-6564			GS BLVD		DO NOT WRITE IN	THIS SPACE		
					3. Date Incorporated or Qualified			
					04/05/1996			
2. Principal Place of Business 2a. Mailing Address				_	4. FEI Number	Ar	oplied For	
21	<u> </u>	26		_	65-0656314		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		,	
Zip			Country		8. This corporation owes the current year Intangible			
24	25			_ 	Personal Property Tax.			
	9. Name and Address of Curren	t Registered Agent		<u> </u>	10. Name and Address of New Regist	ered Agent		
. EICH	ED IOSEBU D			1 Name	1			
FISHER, JOSEPH R 2300 E OCEAN BLVD			Ε	2 Street	Street Address (P.O. Box Number is Not Acceptable)			
\$TU/	ART FL 34996		8	3				
	•		Ε	4 City		85 Zip	Code	
						FL T		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was a	uthorized (iv the corp	d corporation submits this statement for the purpo poration's board of directors. I hereby accept the	appointment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered age	ot and title if applicable (NOTE	· Registered A	sent signature	required when reinstating) DA	TE	— \	
12.		ID DIRECTORS	13.	Join Organizato	ADDITIONS/CHANGES TO OFFICER		ORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITL			☐ Change	. 🔲 Addition	
NAME	RUSNAK, STEVEN J JR		1.2 NAM	Ē			Į.	
STREET ADDRESS	5190 SE MEADOW SPGS BLVI	0	1.3 STR	ET AODRESS	\$		<u> </u>	
CITY-ST-ZIP	STUART FL 34997-6564		1.4 CITY	-ST-ZIP				
TITLE			2.1 TITL	-		☐ Change	☐ Addition	
NAME	RUSNAK, THERESA	2.2 N		E				
STREET ADDRESS	5190 SE MEADOW SPGS BLVI	מ	2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	STUART FL 34997-6564		2. 4 CFT	-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME			3.2 NAM	E			Ì	
STREET ADDRESS			3.3 STR	ET ADDRESS	,		1	
CITY-ST-ZIP			3.4. CIT	-ST-ZIP				
TITLE		☐ DELETE	4.1 TITL			Change	Addition	
NAME	•		4. 2 NAN	ΙE	1			
STREET ADDRESS			4.3 STRI	ET ADDRESS				
C/TY-ST-ZIP			4.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	5.1 TITL			Change	☐ Addition	
NAME			5.2 NAM	E				
STREET ADDRESS			5.3 STR	ETADORESS			ľ	
CITY-ST-ZIP			5.4 C/TY	-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL	=		☐ Change	☐ Addition	
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STR	ET ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		6.4 CITY	-ST-ZIP				

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 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 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:

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