

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90277 024 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000052917**

1. Corporation Name  
**EXOTIC LANDSCAPE DESIGN, INC.**



Principal Place of Business 8233 SUNSET STRIP NO 229 SUNRISE FL 33322 US	Mailing Address 8233 SUNSET STRIP NO 229 SUNRISE FL 33322 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>711 GUILD DRIVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>VENICE, FL</b> Zip 24 <b>34285</b> Country 25 <b>US</b>	2a. Mailing Address 26 <b>711 GUILD DRIVE</b> Suite, Apt. #, etc. 27 City & State 28 <b>VENICE, FL</b> Zip 29 <b>34285</b> Country 30 <b>US</b>
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3. Date Incorporated or Qualified <b>06/20/1996</b>	4. FEI Number <b>65-0680006</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CROSEN, PATRICK**  
**3672 S.W. 59TH TERRACE**  
**DAVIE FL 33314**

10. Name and Address of New Registered Agent

81 Name <b>PATRICK CROSEN</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>711 GUILD DRIVE</b>
83
84 City <b>VENICE</b>
85 Zip Code <b>FL 34285</b>

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.

-4-15-99

SIGNATURE: *Patrick Crosen* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>DP</b>	<input type="checkbox"/> DELETE
NAME <b>CROSEN, PATRICK</b>	
STREET ADDRESS <b>3672 S.W. 59TH TERRACE</b>	
CITY-ST-ZIP <b>DAVIE FL 33314</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CROSEN, PATRICK</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: *Patrick Crosen* (NOTE: Signature and Typed or Printed Name of Signing Officer or Director) DATE: **4-15-99** Daytime Phone #: **981-486-0691**

CR2E034 (1/98)