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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Feb 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000055145 (2)

LANDSCAPE MAINTENANCE, INC.

Principal Place of Business Mailing Address  1915 NE RICOU TERRACE 1915 NE RICOU TERRACE JENSEN BEACH FL 34957 JENSEN BEACH FL 34957-413							
					3. Date incorporated or Qualified 06/27/1996	3a. Date of Last	Report
2. Principal Place o	f Business	2a. Mailing Address 26			4. FEI Number 65 - 0677366	<b>→</b>	Applied For Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 '	Additional Required
City & State		City & State			<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		May Be d to Fees
Zip	Country Zip Ci		Country 30	,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	Name and Address of Curren	t Registered Agent		······································	10. Name and Address of New Rec	istered Agent	
COLLINS,	ELFI N		81	Name			
1915 NE RICOU TERRACE JENSEN BEACH FL 34957			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
0010011	DENOTITE O1991		83	· · · · · · · · · · · · · · · · · · ·			
				ļ			
			84	City		FL  85   21	p Code
agent I am fam SIGNATURE	nitiar with and accomplished by light re, typed or pulited name of registered age	ations of, Section 607.0505, Int and title if applicable (f	Florida Statute	s. <b>5</b>	tion's board of directors. I hereby acception's board of directors. I hereby acception's directors acception acception acception acception acception acception acceptation acc	18 96	
<u> </u>	OFFICERS ANI	D DINECTORS DELETE	1.1 TITLE	7	ABBITIONS/CHANGES TO OFFIC	Chang	
	P MBS M. CONNO	<del></del>	1.2 NAME	7	INCE M CANDIALLI		, de nomon
STREET ADDRESS	mes M. Conno	ルレイ		ADDRESS 19	ames M. Connoll' Ne ricou ter	, a	
CITY-ST-ZIP			1.4 CITY- 5				
TITLE		DELETE	2.1 TITLE		<u>Ensen Beach, Fi</u>	SY75 Chang	e 🔟 Addilion
NAME			2.2 NAME		V		
STREET ADDRESS			2.3 STREET		ERNON L. COLLING		
CITY-ST-ZIP			2 4 CHY-	1 4 7	lis ne Ricou Teri Engen Reach, Fl	34957	
TITLE	**************************************	☐ DELETE	3 1 TITLE		5T	Chang	e 🖫 Addition
NAME			3.2 NAME		LFI N. COLLINS		
STREET ADDRESS			3.3 STREET		IS NE RICOU TERR	L	
CITY-ST-ZIP			3.4. CrTY-	ST-ZIP JE	ENSEN REACH . FL	34951	
TITLE		DELETE	4 1 TITLE	D		☐ Chang	e Addition
NAME			4 2 NAME		awn rose		
STREET ADDRESS			4 3 STREET		15 NE RICOU TERR		
DITY-ST-ZIP			4.4 CITY-9	31- ZIP 31	<u>ensen Brach, Fl</u>	34957	
TITLE		☐ DELETE	51 TITLE		•	Change	e 🔲 Addition
NAME			5 2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-SI-ZIP.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.4 CITY - S	IT-ZIP			. I sain.
TITLE		DELETE	61 TITLE			∟ Chang	e 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6 3 STREET				
CITY-ST-ZIP			6.4 CITY - S	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.