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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000061640 (4)

BROWNING LANDSCAPES, INC.

Principal Place of Business

Mailing Address

FILED Apr 24 1998 8:00am Secretary of State



38\$1 KUMOUAT AVE. Miami Fl 33133		3851 KUMQUAT AVE. MIAMI FL 33133			
			•	DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified	PACE
				07/22/1996	
2. Principal P	lace of Business	2a. Mailing Address	114.20	4 FEI Number	Applied For
21		26 PO BOX	402311	65-0686243	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Chu P. Ciolo		City & Ctate	 		Fee Required
City & State	e	City & State 28 MIAMI B	EACH, 1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip	Country	8. This corporation owes or has paid the curr	
24	25		, jo	_ ' ' <u>-</u>	Yes No
	9. Name and Address of Current			10. Name and Address of New Registered A	gent
GRANITUR, ERIC 81 Name					
325 MERIDIAN AVE., #6			82 Street	Address (P.O. Box Number is Not Acceptable)	
MIAMI Be ach FL 33139					
			83		
			84 City	FL	85 Zip Code
44 Diggiood	to the provisions of Pactions 607.0603	and 607 1609 Elorida Ctatulos	the above named		shanoing its registered
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 Signature typed or printed name of registered agent and bits of applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	☐ DELETE	1.5 TITLE		▼ Change
NAME	BROWNING, NATHAN		1.2 NAME	PO BOX 402311 NA	
STREET ADDRESS	3851 KUMQUAT AVE		1.3 STREET ADDRESS	DO BOX 402311 N/13	A9. 1
CITY+\$T-ZIP	MIAMI FL	D proper	1.4 CITY - ST - ZIP	MIAMI BEACH, FL 33140-	
TITLE		L] DELETE	2.1 TITLE	·.	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	,	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	- '		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	ļ	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	1	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE			6.1 TITLE		Change Addition
NAME expect annuese			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied wit	h this filing does not qualify for	the exemption stat	Led in Section 119.07(3)(i), Florida Statutes. I further cer	tify that the information
indicated on this annual report or supplemental arrural 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 receive for rustee 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 up an attack with an address.					