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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

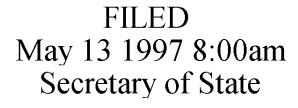
DOCUMENT # P96000069472 (4)

MIKE'S LANDSCAPING SERVICES, INC.

Principal Place of Busines	

Mailing Address

4321 SW 19TH AVE CAPE CORAL FL 33914 4321 SW 19TH AVE CAPE CORAL FL 33914-624





GAPE CORAL FL 33914		CAPE C	CAPE CORAL FL 33914-6244						
							3. Date Incorporated or Qualified 08/19/1996	3a. Date of Las	st Report
2. Principal Place of Business			2a. Mai	2a. Mailing Address			4. FEI Number		Applied For
21		26	26			65-0688608	, <u> </u>	Not Applicable	
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.					5 Additional	
22		27	27			5. Certificate of Status Desired		Required	
City & State			City	City & State			6. Election Campaign Financing	\$5.0	00 May Be
23	28						Trust Fund Contribution		ed to Fees
Zip		Country	Zip	Zip Country			8. This corporation has liability for i	ntangible tax undo	er s. 199.032.
24		25	29	30			Florida Statutes 🔀 Yes 🔲 No		
		and Address of Cur	ent Registered	Agent			10. Name and Address of New Re	gistered Agent	
	CALF, MIC				81	Name			
4321	i SW 19TH	AVE			82	Ctroot Ado	Irong (D.C.) Boy Number in Net Assessed	la)	
CAP	E CORAL P	EL 33914			62	Sireet Add	fress (P.O. Box Number is Not Acceptab	ю)	
					83	·			
					84	City		FL 85 Z	ip Code
11. Purcuent	to the provis	ions of Sections 607 (502 and 607 15	AR Florida Statuto	oe the shou	e period cor	poration submits this statement for the p		
Office of r	registered ag	gent, or both, in the Sta	ale of Florida. S	uch change was a	authorized b	y the corpora	tion's board of directors. I hereby accep	t the appointment	as registered
agent. I a	ım tamiliar w	ith, and accept the ob	figations of, Sec	otion 607.0505, Flo	orida Statute	\$.			
SIGNATURE									
12.	Signature, typico	or printed name of registered	agent and tille if appl ND DIRECTOR			ent signature requ	ired when reinstating)	DATE	656 11.46
TITLE	D	OFFICERS /	IND DIRECTOR	DELETE	13.		ADDITIONS/CHANGES TO OFFIC		
	-	, MICHAEL L		☐ DECETE	1,1 1011.6			L Chang	e L_ Addition
NAME		19TH AVE			1.2 NAME				
STREET ADDRESS		RAL FL 33914			1.3 STREET	ADORESS			
CITY-ST-ZIP	OAFE OU				1.4 CITY - S	61 - 21P			
TITLE				DELETE	2.1 TITLE			L] Chang	ge Addition
NAME					2.8 NAME				
STREET ADDRESS					2.3 STREET	ADDRESS			
CITY-ST-ZIP					2. 4 CITY-	ST-ZIP			
TITLE				☐ DELETE	3.1 TITLE			☐ Chang	e Addition
NAME					3.2 NAME				
STREET ADDRESS					3.3 STREFT	ADDRESS			
CITY-ST-ZIP					3 4. CITY-:	ST-7IP			
TITLE				DELETE	4.1 111LE			☐ Chang	e Addition
NAME					4. 2 NAME	1			
STREET ADDRESS					4 3 STREET	ADDRESS			
CITY-ST-ZIP					4 4 CITY - S				
TITLE				DELETE	51 TITLE)1~ ZII"		Chang	e Addition
NAME				C DOLLIN				FT GIGHT	io [_] Addiction
					5.2 NAME				
STREET ADDRESS					5.3 STREET				
CITY-ST-ZIP				Deceme	5.4 CiTY-9	ST - ZIP			
TITLE				☐ DELETE	6.1 TITLE			∐ Cháng	je [] Addition
NAME					6.2 NAME				
STREET ADDRESS					6.3 STREFT	ADDRESS			
CITY-ST-ZIP	1				6.4 CITY - S	ST - ZIP			
14. I do heret	by certify that	t the information supp	lied with this fili	ng does not qualify	y for the exc	mption state	d in Section 119.07(3)(i), Florida Statutes	I further certify to	at the
l am an o	flicer or airea	on this annual report of otor of the corporation ir Block 13 if changed,	or the receiver	or trustee empowe	ered to exec	urate and tha oute this repo	nt my signature shall have the same legal ort as required by Chapter 607, Florida Si	effect as if made alutes; and that m	under oath; that by name