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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000092725 (6)** CREATIVE LANDSCAPING, INC. Principal Place of Business Mailing Address 624 SUNSET ROAD 624 SUNSET ROAD WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-7842 3. Date Incorporated or Qualified Date of Last Report 11/07/1996 2. Princ-pal Place of Business 2a. Mailing Address 4. FEI Number Applied For EIN 65-071012 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country Ζip This corporation has liability for intangible tax under s. 15° Yes 🔀 No 24 29 30 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SANTILLO, STEPHEN A **624 SUNSET ROAD** 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401 83 City Zip Code 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 Signarize: typical or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE THILE SANTILLO, STEPHEN A 1.2 NAME NAME 624 SUNSET ROAD STHEET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33401 1.4 CITY-ST-ZIP C(TY-S1-74) DELETE ☐ Change Addition 21 TITLE THILE NAME 2.2 NAME 2.3 STREET ADORESS STREET ADORESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE 4.1 Title Change ☐ Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-Zip CITY-S1-ZP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP C(1Y-\$1-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP

Drfy-St-ZiP

SIGNING OFFICER OR DIRECTOR

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.

(96/6)

FILED

Apr 16 1997 8:00am

Secretary of State