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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Prace of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State, DIVISION OF CORPORATIONS

DOCUMENT	#	P96000093272	(8)

FLORIDA LANDSCAPE ARCHITECTURE, INC.

800 NE 33 STREET POMPANO BEACH		600 NE 33 STREET : POMPANO BEACH F			-
				Date Incorporated or Qualifie 11/12/1996	d 3a. Date of Last Report
2. Principal Place	of Business	2a. Mailing Address	S	4. FEI Number	Applied For Not Applicable
Suite, Apt #, 6	HC.	Suite, Apt. #, etc	C.	5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		or intangible tox under s. 199,032,
24	25 9. Name and Address of Curi	[29]	30	Florida Statutes 10. Name and Address of New	Yes No
600 NE	L, RICHARD T E 33 STREET #201 NO BEACH FL 33084		81 Narre 82 Stree 83	Address (P.O. Box Number is Not Accept to the Sample Port	
			84 64		SP 7 n Code
office or regis agent I am fa	the provisions of Sections 607.0 stered agent, or both, in the Sta amil ar with, and accept the ob	ate of Florida. Such change.	was authorized by the co	bra Springs d corporation submits this statement for the rporation's board of directors. I hereby ac	FL 85 Zip Code S 80 C S se purpose of changing its registered cept the appointment as registered
office or regis agent. I am fa SIGNATURE	stered agent, or both, in the Sta amil ar with, and accept the ob stere, typed or pented name of ogistems	ate of Florida. Such change ligations of, Section 607.056 agent and title if applicable.	Statutes, the above-name was authorized by the co 05, Florida Statutes. (NOTE Registered Agent signal.	d corporation submits this statement for the rporation's board of directors. I hereby ac re required when reinstating)	e purpose of changing its registered cept the appointment as registered
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CITY-ST-7/P If thing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the femental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name hin attach nen 19 11 an address. I do hereby certify that the inform information indicated on this agrir appears in Block 12 or Blo

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CHY-ST-ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TYPLE 6.2 NAME

SIGNATURE

STREET ADDRESS

STREET ADURESS

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City-St-7iP

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Milité NAME:

THLE

NAME

DELETE

DELETE

Change

Addition

Addition

FILED

Jun 02 1997 8:00am

Secretary of State