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

PROFIT CORPORATION ANNUAL REPORT

1998



H ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000093272 (8)

FLORIDA LANDSCAPE ARCHITECTURE, INC.

Principal Place of Business

Mailing Address

FILED May 15 1998 8:00am Secretary of State



600 NE 33 STREET #201 POMPANO BEACH FL 33064		600 NE 33 STREET #201 POMPANO BEACH FL 33	064	DO NOT INDITE IN THE	
				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
				11/12/1996	
- A.C.	ace of Business	2a. Mailing Address	7 101	4, FEI Number	Applied For
21 9900		Rd 26 9900 W	Sample Rd	NOT APPLICABLE	Not Applicable
Suite, Apt.	8	Suite, Apt. #, etc. #: 308		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	1 Springs 1	Fl 28 Coval Sprin	gs, Fl	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3306	<u> </u>	29 33065 30	Country		Yes 🕅 No
	 ,	Current Registered Agent	81 Name	10. Name and Address of New Registered	Agent
99	INDELL, RICHARD 900 W SAMPLE RD 308			dress (P.O. Box Number is Not Acceptable)	
Č	ORAL SPRINGS FL 33065	•	83		
í			84 City	FI	85 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.					
SIGNATURE Signature byted or protest harve of registered agent and title if applicative (NOTE Registered Agent signature required when reinstating) DATE					
12.	 .	RS AND DIRECTORS	egistered Agent signature requ	aired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTORS IN 12
TIFLE	Р	DELETE	1 1 TITLE	ADDITIONS/OFFINGES TO OFFICERS AN	Change Addition
NAME	TINDELL, RICHARD		1 2 NAMÉ		
STREET ADDRESS	10431 N.W. 44 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 C(TY-ST-Z)P		
TITLE		☐ DELETE	2.1 TiTLE		☐ Change ☐ Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ D€LETE	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		
TITLE		[DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME		i	52 NAME]
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			5 4 City - St - ZIP		
TITLE		DETELE	6 1 TITLE		Change Addition
NAME			6.2 NAME		İ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY - ST - ZIP		
indicated of officer or d	prony that the information dopp on this annual report of suppli- freetor of the company in or pro-	pien with this tillog edges not qualify for the priental annual report is true and accura- te receiver in trustee empowered to exc	ne exemption stated in the and that my signate oute this report as rec	n Section 119.07(3)(i), Florida Statutes. I further cure shall have the same legal effect as if made unquired by Chapter 607, Florida Statutes; and that	ertify that the information nder oath; that I am an my name appears in