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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000094876 \/(5)

PEAGONAL TOUCH LANDSCAPING INC

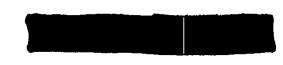
Principal Place of Business

6630 NW 415 STREET

6630 NW 4/2 STREET

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90226 002 ***150.00



CORAL SPAINCY, FL 33067 CORAL SPAINCS, FL 33067 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-071 Not Applicable 26 21 \$8.75 Additional Suite. Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 8. This corporation owes the current year Intaggible Country Zip Country Zip □ No Yes Personal Property Tax. 30 25 24 10. Name and Address of New Registered Agent 9 Name and Address of Current Registered Agent 81 DAVID R. BEXET9KY Street Address (P.O. Box Number is Not Acceptable) 82 6630 NW 412 GTABET 83 CORAL SPAINZS, FL 33067 Zio Code 85 84 City Fl 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. Socitions SIGNATURE Signalia ame of registered agent and title if applicable (NOTE, Registerrid Agent signature required when ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. Addition ☐ Change 1.1 TITLE TITLE DAVID A. BERETSKY 6630 NW 419 STACET 12 NAME NAME 13 STREET ADDRESS CORAL SPAINAS FX 33067 14 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 21 TITLE TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADORESS 2 4 CITY-ST-ZIP Addition CITY-ST-ZIP Change DELETE 31 TITLE TITLE 32 NAME 33 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZiP CITY-ST-ZIP ☐ Addition 4 1 TITLE DELETE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 51 TITLE TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6 1 TITLE □ DELETE TITLE 62 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP 14. I 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 CITY-ST-ZIP indicated on this annual report or supplied with this ming does not quality for the exemption stated in Section (13.07(3)0), Frontal stateds. Interior cash, that I am an indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same tegal 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

SIGNATURE: