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

Mailing Address

5908 N. ARMENIA AVE

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

5908 N. ARMENIA AVE



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000098897 (7)

ARMENIA LANDSCAPING AND ENVIRONMENTAL SERVICES. INC.

#102 #102 TAMPA FL 33603-1024 TAMPA FL 33603 3. Date Incorporated or Qualified 3a. Date of Last Report 12/04/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-341 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 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name NARDELLI, LARRY P 5908 N. ARMENIA AVE Street Address (P.O. Box Number is Not Acceptable) #102 83 **TAMPA FL 33603** 84 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 Signature, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change **Addition** President 1.1 TITLE TITLE 400002168394 -05/06/97--01127--017 ****165.00 ****165. NARDELLI, LARRY P 1.2 NAME NAME STREET ADDRESS 5908 N. ARMENIA AVE. # 102 1.3 STREET ADDRESS ****165.00 TAMPA FL 33603 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 THILE THE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-S1-712 DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-\$1-ZiP CITY-S1-20P DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE Change Addition 5.1 TITLE TILLE 5.2 NAME NAM:

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CiTY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

97 MAY - 1 PM 2: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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

STREET ADDRESS DiTY-ST-ZIP

STREET ADDRESS

CHY-ST-ZIP

TITLE

NAME

appears in Block 12 or Block 13 if changed, or on an attachment with an address

DELETE