OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT #

## P97000027544

J.K. LANDSCAPE CREATIONS, INC.

cipal Place of Business O SANDALFOOT BLVD

TE 445

Mailing Address

9850 SANDALFOOT BLVD

SUITE 445

FILED

Sep 10, 1999 8:00 am Secretary of State

09-10-1999 90013 014 \*\*\*550.00

DO NOT WRITE IN THIS SPACE

CA RATON FL 33428 **BOCA RATON FL 33428** 3. Date incorporated or Qualified 03/24/1997 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 65-0761501 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes the current year Yes 29 30 Intangible Personal Property. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FEIG, MARC I Street Address (P.O. Box Number is Not Acceptable) 8000 PETERS ROAD PLANTATION FL 33324 83 84 City Zip Code 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. **NATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 1.1 TITLE Change Addition **PVST** DELETE KORTON, JAMES 1.2 NAME 9850 SANDALFOOT BLVD, 445 1.3 STREET ADDRESS ET ADDRESS **BOCA RATON FL 33428** 1.4 CITY-ST-ZIP ST-ZIP DELETE 2.1 TITLE Change Addition 2.2 NAME KORTON, JAMES ET ADDRESS 9850 SANDALFOOT BLVD, 445 2.3 STREET ADDRESS **BOCA RATON FL 33428** 2.4 CITY-ST-ZIP ST-ZIP DELETE 3.1 TITLE \_\_ Change \_\_ Addition 3.2 NAME 3.3 STREET ADDRESS ET ADDRESS 3.4 CITY-ST-ZiP 4,1 TITLE Change Addition DELETE 4.2 NAME 4.3 STREET ADDRESS ET ADDRESS 4.4 CITY-ST-ZtP ST-ZIP 5.1 TITLE DELETE \_\_\_ Change \_\_\_ Addition 5.2 NAME 5.3 STREET ADDRESS ET ADDRESS 5.4 CITY-ST-ZIP \$T-ZIP 6.1 TITLE Change Addition DELETE 6.2 NAME ET ADDRESS 6 3 STREET ADDRESS 6.4 CITY-ST-ZIP ST-ZIP

I hereby certify that the information supplied with this filling 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.

**GNATURE:** 

James Korton Bresioner

CR2E034 (5/99)