May 03, 1999 8:00 am Secretary of State

05-03-1999 90002 050 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700065506 1. Corporation Name

KERRY LANDSCAPE, INC.

,					<i>:</i> .						
Principal Place of Business	Mailing Address	Address					( <b>9</b> 81481 811	AL BIGIT ABISA ASTE SAR.			
326 S.W. 14TH AVENUE BOYNTON BEACH FL 33435 US		326 S.W. 14TH AVENUE BOYNTON BEACH FL 33435 US				DO NOT WRITE IN TH	S SPAC	E			
						3. Date Incorporated or Qualifed					
1							07/29/1997				
2. Principal Place of Business		2a. Mailing Address				4.	, FEI Number	L	Applied For		
21		26				<u>L</u>	65-0772146 -		Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	¬ ' '			5. Certifcate of Status Desired		\$8.75 Additional Fee Required				
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees						
	Country	Zip 29	Cou	ntry		8.	, This corporation owes the current year l Personal Property Tax.	ntangible			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
WHITMIRE, DRENN				81	Name						
500 SOUTH AUSTRALIAN AVENUE				82	Street Addre	et Address (P.O. Box Number is Not Acceptable)					
SUITE 800 W Palm Beach FL 33401											
W I AUN DEACHT	L 00701			84	City		F	L 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

DIONATURE													
SIGNATURE Signature, Noted or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE													
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	CERS AND DIRECTORS IN 12									
TITLE	PTD DELETE	1.1 TITLE		☐ Change	☐ Addition								
NAME	LUIZ, KERRY	1.2 NAME											
STREET ADDRESS	326 S.W. 14TH AVENUE	1.3 STREET ADDRESS											
CITY-ST-ZIP	BOYNTON BEACH FL 33435	1.4 CITY-ST-ZIP											
TITLE	VPS DELETE	2.1 TITLE		Change	☐ Addition								
NAME	LUIZ, PAM	2.2 NAME			ĺ								
STREET ADDRESS	326 S.W. 14TH AVENUE	2.3 STREET ADDRESS	entropy of the second of the s	-	•								
CITY-ST-ZIP	BOYNTON BEACH FL 33435	2. 4 CITY-ST-ZIP											
TITLE	- DELETE	3.1 TITLE		☐ Change	☐ Addition								
NAME		3.2 NAME											
STREET ADDRESS		3.3 STREET ADDRESS			,								
C/TY-ST-ZIP	·	3.4. CITY-ST-ZIP											
TITLE	. DELETE	4.1 TITLE	·	Change	☐ Addition								
NAME		4. 2 NAME											
STREET ADDRESS	· '	4.3 STREET ADDRESS											
C/TY-\$T-ZIP		4.4 CITY-ST-ZIP											
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition								
NAME		5.2 NAME											
STREET ADDRESS		5.3 STREET ADORESS	•										
CITY-ST-ZIP".	12 - 14 1 - 1 Extens	5.4 CITY-ST-ZIP											
TITLE \$332	DELETE DELETE	6.1 YITLE		☐ Change	Addition								
	E. L. P. L. P. Mark France V.	6.2 NAME											
1	TOP PERSON IN	6.3 STREET ADDRESS		•									
CITY-ST-ZIP	• • • • • • • •	6.4 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 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 attactiment with address, with all other like empowered.

SIGNATURE: