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FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90084 035 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000071039 ✓
1. Corporation Name
REIGNANCE LANDSCAPING, INC.

Principal Place of Business Mailing Address
6-22, 52 DOGWOOD LANE same
12850 W. S.R. 84
DAVIE, FLORIDA - 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/15/97

4. FEI Number

65-0781184

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 9694 N.W. 19th Place

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

Sunrise, Florida

27 City & State

28

24 Zip Country

33322 USA

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CURTIS B STUART, JR.
6-22, 52 DOGWOOD LANE
12850 W. S.R. 84
DAVIE, FLORIDA 33325

81 Name

MORRIE I. LEVINE

82 Street Address (P.O. Box Number is Not Acceptable)

2450 Hollywood Boulevard

83

Suite 100

84 City

Hollywood

FL

85 Zip Code

33020

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 MORRIE I. LEVINE

MORRIE I. LEVINE

3/4/99

Signature, typed 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 OFFICERS AND DIRECTORS IN 12

TITLE P/D
NAME STUART, CURTIS B JR
STREET ADDRESS 6-22, 52 DOGWOOD LANE, 12850 W. S.R. 84
CITY-ST-ZIP DAVIE, FLORIDA 33325

DELETE

TITLE V/T/D
NAME SCHWARTZ, MARC I
STREET ADDRESS 6-22, 52 DOGWOOD LN, 12850 W S.R. 84
CITY-ST-ZIP DAVIE, FLORIDA 33325

DELETE

TITLE S/D
NAME PFEIFFER, SCOTT E
STREET ADDRESS 6-22, 52 DOGWOOD LN, 12850 W S.R. 84
CITY-ST-ZIP DAVIE, FLORIDA 33325

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P/S/T/D
SCHWARTZ, MARC I.
9694 N.W. 19th PLACE
SUNRISE, FLORIDA 33322

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: Marc I. Schwartz

Marc I. Schwartz

3/4/99

(954) 572-1598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)