## 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

## OCUMENT # P97000075206

orporation reality							
& B LANDSCAPE SERVICES, INC	•			17881			
to me that.				THE REPORT OF THE PARTY OF THE			
	Mailing Address					5.	
cipal Place of Business						νţ	
HOFFY CIRCLE	7798 HOFFY CIRCLE LAKE WORTH FL 33467		DO NOT WRITE IN THIS SPACE				
E WORTH FL 33467				3. Date incorporated or Qualifed		- 12 -	
			₹.			I For	
	N. Address			4. FEI Number	Applied		
incipal Place of Business				65-0778566		plicable	
	26				\$8.75 Addit		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Requir		
Control of the second	27			6. Election Campaign Financing	\$5.00 Mag		
City & State	City & State			Trust Fund Contribution	Added to Fe	ees	
City & State	28			This correction owes the current year Intar	gible _	7	
Zip Country	L Zip			Personal Property Tax.	162	No	
25	29 30			10. Name and Address of New Registered A	gent		
9. Name and Address of Curr	ent Registered Agent	81	Name	10. 110.		ļ	
NOLTE, BRIAN 7798 HOFFY CIRCLE							
			Street Ad	ress (P.O. Box Number is Not Acceptable)			
LAKE WORTH FL 33467		83					
TAKE WORTH I'E SOUTH			City	FL	85 Zip Coo	de	
		84	1		hanging its re	aistered	
	507 1508 Florida Statutes, th	e abov	re-named co	propriation submits this statement for the purpose of cation's board of directors. I hereby accept the appoin	tment as regis	tered	
1. Pursuant to the provisions of Sections 607.0	ate of Florida. Such change was author	ized by	the corpora	ation's board of difectors. This day starty			
<ol> <li>Pursuant to the provisions of Geometric Street agent, or both, in the Street agent. I am familiar with, and accept the object.</li> </ol>	igations of, Section 607.0505, Florida	Statutes	5.			Ì	
		tered Age	ent signature requ	uired when reinstating) DATE	- DIDECTOR	S IN 12	
SIGNATURE Signature, typed or printed name of registered	agent and utile it appropriate	13.		uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition	
OFFICERS	AND DIRECTORS	1.1 TITLE		<del></del>	[] Cliango	<u></u>	
P	Charter	1.2 NAME	ì			Ì	
NOLTE, BRIAN	1	·					
7798 HOFFY CIR	1	1.3 STREET ADDRESS				C7 4 (404)-4	
LAVE WODTH EL 32/87		1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME			☐ Change	Addition	
ST-ZIP LAKE WURTH FL 30401	☐ DELETE			•			
	1						
-		2.3 STRE	EET ADDRESS				
······ (ALREG SO)		2.4 CITY	Y-ST-ZIP		Change	Addition	
ST ZIP	☐ DELETE	3.1 TITL	£ {				
<b>\</b>		3.2 NAM	NE \				

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 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. STREET ADDRESS CITY-ST-ZIP

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 ITTLE

52 NAME 5.3 STREET ADDRESS

61 TILE

6.2 NAME

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

□ DELETE

DELETE

DELETE

HILE

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

☐ Change

May 01, 1999 8:00 am Secretary of State

05-01-1999 90020 038 \*\*\*150.00

Addition

☐ Addition

☐ Addition