

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

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90036 043 \*\*\*150.00

DOCUMENT # P97000094659

1. Corporation Name *Trio Enterprises of Broward Inc.  
DBA Scenic View Landscaping*

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

*November 1997*

4. FEI Number

*65-0791132*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

21. Principal Place of Business

*306 SW 35TH AVE*

Suite, Apt. #, etc.

*Deerfield Bch, FL*

City & State

*33442*

Zip Country

*33442*

*FL*

*33442*

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

*Daniel Shaw Jr.*

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

*306 SW 35TH AVE*

83. *Deerfield Bch, FL*

84. City

*33442*

*FL*

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.

SIGNATURE *Daniel Shaw Jr. President*

*4-2-99*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE *President* ☒ DELETE

NAME *Anthony S. Carouande*

STREET ADDRESS *10900 Eureka Street*

CITY-ST-ZIP *Boca Raton, FL 33428*

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *President* ☒ Change ☐ Addition

1.2 NAME *Daniel Shaw Jr.*

1.3 STREET ADDRESS *306 SW 35TH AVE*

1.4 CITY-ST-ZIP *Deerfield Bch, FL 33442*

2.1 TITLE *Secretary* ☐ Change ☒ Addition

2.2 NAME *Nicolette Saporino Shaw*

2.3 STREET ADDRESS *306 SW 35TH AVE*

2.4 CITY-ST-ZIP *Deerfield Bch, FL 33442*

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 attachment with an address, with all other like empowered.

SIGNATURE: *Daniel Shaw Jr.*

*President*

*4-2-99*

Date

Daytime Phone #

*(954) 270-9775*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Daniel Shaw Jr.*

*President*

CR2E034 (11/98)