## 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 Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90012 031 \*\*\*150.00

i, Corporation	MENT # <b>P98000</b> AST LANDSCAPING, INC.	0002578							
Principal Place	e of Business	Mailing Address				-	<b>88</b> 111 <b>33</b> 111 <b>33</b>	H10 11001 01111	(TOB) (B)( (B))
1527 SW 131 AVE 1527 SW 131 AVE									
MIAMI FL 33184	MIAMI FL 33184			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed	IN IHIS S	PAUE	
						01/09/1998			
2. Principal Pl	lace of Business	2a. Mailing Address				4, FEI Number		- Ar	plied For
21		26				65-0812	<i>3</i> 55		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22		27	City I State					Fee Re	<del></del>
City & State	e	City & State				6. Election Campaign Financing			May Be to Fees
Zip	Country	28 Zip	Cou	intry	····	Trust Fund Contribution  8. This corporation owes the currer	nt vear Inter		1
24	25	29	30	1		Personal Property Tax.	_	∏ Yes	Daylo
	9. Name and Address of Curre		11			10. Name and Address of New Re	gistered A	gent /	/
				81	Name			,	
HAYES, ISAAC				82	Street Addres	ss (P.O. Box Number is Not Acceptab	le)	_	
1527 SW 131 AVE				Of Bet Address (F.O. Dox Number is Not Acceptable)					
MAIM	MI FL 33184			83					Ì
				84	City			85 Zip (	Code
				Ш.	•	2 1 2 11 2 1 2 2	FL		
office or re agent. I as	egistered agent, or both, in the State rn familiar with, and accept the oblig-	of Florida. Such change was ations of, Section 607.0505, Fl	authorized Iorida Stati	i by ti utes.	he corporation	ration submits this statement for the p i's board of directors. I hereby accept	the appoint	ment as re	gistered
	Signature, typed or printed name of registered age	ant and title if applicable. (NOT ND DIRECTORS	TE: Registered	Agent :	signature required v	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	DRS IN 12
12.	PD OFFICERS A	DELETE	13. 1.1 TI	TLE .		ADDITIONS/CHANGES TO OFFI	OLINO MINL	☐ Change	Addition
NAME	HAYES, ISAAC	<u></u>	1.2 NA					_ •	-
STREET ADDRESS	1527 SW 131 AVE				ADDRESS				
CITY-ST-ZIP	MIAMI FL 33184		1	TY-ST-					
TITLE	VD DELETE 2.11							Change	Addition
NAME	HAYES, ALEXIS		2.2 NA	WE					
STREET ADDRESS	1527 SW 131 AVE		2.3 ST	REETA	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33184		2.4 C	ITY-ST	-ZIP				
TITLE		☐ DELETE	3.1 Tr	TLE				☐ Change	☐ Addition
NAME			3.2 NA	WE					}
STREET ADDRESS			3.3 \$1	REET	ADDRESS	•			
CITY-ST-ZIP				TY-ST	-ZIP				(T) A 3 3 12 1 - 1
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NAME			4. 2 N						
STREET ADDRESS					ADDRESS				{
CITY-ST-ZIP		☐ DELETE	4.4 CF	TY-ST-	219			Change	Addition
TITLE NAME		□ octor	5.1 III					4n.i.80	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				TY-ST-	ŀ				
TITLE		☐ DELETE	6.1 TI					Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6 3 ST	REETA	ADDRESS				İ

<sup>14.</sup> 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.