

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 03, 1999 8:00 am
Secretary of State

03-03-1999 90018 028 ***150.00

DOCUMENT # P98000007046

1. Corporation Name

EXOTIC WATERFALLS & ROCKSCAPES, INC.

Principal Place of Business

1261 SW 41 AVE
FT. LAUDERDALE FL 33317

Mailing Address

1261 SW 41 AVE
FT. LAUDERDALE FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1998

4. FEI Number

65-0811436

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

9. Name and Address of Current Registered Agent

INCORPORATORS PLUS, INC.
1214 N UNIVERSITY DRIVE
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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

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 ☐ DELETE

NAME D
STREET ADDRESS BRUNS, SHELBY
CITY-ST-ZIP 1261 SW 41 AVE
FT. LAUDERDALE FL 33317

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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 ☒ Change ☐ Addition

1.2 NAME P
1.3 STREET ADDRESS BRUNS SHELBY
1.4 CITY-ST-ZIP 1261 S.W. 41 AVE
FT. LAUDERDALE FL 33317

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME V.P.
2.3 STREET ADDRESS PAULINE BRUNS
2.4 CITY-ST-ZIP 1261 S.W. 41 AVE
FT. LAUDERDALE, FL 33317

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME V.P.
3.3 STREET ADDRESS CLEARANCE STOTLEE
3.4 CITY-ST-ZIP 1261 S.W. 41 AVE
FT. LAUDERDALE FL 33317

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:

SHELBY M. BRUNS

1-12-99

954 583 0233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)