FILE NOW. FILING I LE ALTEN MAL IST IS\$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Hagris

الآثر الداهوا

Secretary of State

DIVISION OF CORPORATIONS

i. Corporation	MENT # P9800(LLY GREEN LANDSCAPIN								
Principal Place	e of Business	Mailing Address		_		- i (1882) D.C. (17 (3) D.C. (400) D.C. (400)	K INGIN DAIN DIA	ili 48til ovel 1981	
972 SCANDIA L		972 SCANDIA LANE				1		-	
ORLANDO FL 3		ORLANDO FL 32825-67	36			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 02/19/1998			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
1						59-3492825	$\Box\Box$!	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
2		27						Required	
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution		Ol May Be d to:Fees	
3	Country	28	· Coun	itry		8. This corporation owes the current year in		7 10-7 0002	
Zip 4	Country 25	29	30	y		Personal Property Tax.	Yes	· □No -	
4	9. Name and Address of Curre					10. Name and Address of New Registered	Agent		
		······································		81	Name	•	,		
	ITA, GEORGE		<u>}</u>	82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	SCANDIA LANE		Į				<u> </u>		
ORL	ANDO FL 32825-6736			83					
			ŀ	84	City		85 Zig	Code	
			. 1	- [·	poration submits this statement for the purpose on s board of directors. I hereby accept the appoint	-		
SIGNATURE	Signature, typed or printed name of registered at	pent and title if applicable. (F				ADDITIONS/CHANGES TO OFFICERS A			
12.		AND DIRECTORS		F		TO OTTO CONTROL OF THE CONTROL OF TH	Change		
NAME	CO-BUNCA BONTA	_	1.2 NA		-				
STREET ADDRESS	l		1,3 STR	EET	T ADDRESS				
CITY-ST-ZIP	ORIANDO, 51 328	25 . 6736	1.4 CTT	Y - ST	T-21P				
TITLE	Co-smark	☐ DELETE	2.1 TIT	Æ			☐ Change	e Addition	
NAME	GEARCE BONTA		22 NA	WE	Ì				
STREET ADDRESS	DOS SCOURE LA		23578	ŒET	T ADDRESS				
CITY-ST-ZIP	BR24400, F1 327	25-6736	2.4 CFI		IT-ZIP			e - (Addition	
muế		DELETE					Thangi	,	
NAME	\		3.2 NA						
STREET ADDRESS			1		T AOORESS				
CITY-ST-ZIP		- DELETE	3.4. CIT		T-ZEP		Chang	e Addition	
mre			4.2 NA				·		
NAME STOCKT ADDDESS					r ADDRESS				
STREET ADDRESS CITY-ST-ZIP			44 CIT						
TITLE		DELETE					- Change	e 🔲 Addition	
NAME			5.2 NAJ	WE					
STREET ADDRESS			5.3 STR	Œ	ADDRESS				
CITY-ST-ZIP			54 CIT		1-2IP			- (*** (* 4.20)	
TITLE		□ DELETE			ļ	•	☐ Change	Addition	
NAME			62 NAJ						
CTREET ANY DECC	}		6.3 STF	EET	TADDRESS				

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(3Xi), Florida Statutes. I further certify that the Information indicated on this annual report or suppliemental 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.

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•			_		_		_

STREET ADDRESS

Here	. B.	工	GEORG!	Bant
PROPERTY OF A SECTION	TYPED OR O	MARKE A	E SIGNING OFFICED /	ID PYDECTOR

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90034 026 ***150.00