**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000037678 1. Corporation Name

## **FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90003 013 \*\*\*150.00

DESIGNE	ER MULCH, INC.										
Principal Place	e of Business	Mailing Add	iress								
2971 SE TAILWINDS ROAD JUPITER FL 33478  2971 SE TAILWINDS ROAD JUPITER FL 33478							O NOT WRITE I	N THIS SP	ACE		
						3. Date Incorporated		, , , , , ,			1
						04/27/1998					
2. Priocipal Pl	lace of Business	2a, Mailing	Address RDX L			4. FEI Number	2000			Med For	1
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Suite, Apt.	#, etc.	Suite, A	pt. #, etc.			5. Certificate of State	ıs Des <u>ire</u> d C	ا . ا	8.75 A Fee Re		
City & State		City & S				6. Election Campaig	- ,	1	\$5.00		
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24 3341	9. Name and Address of Current	123 1		y Va	<u>) 14</u>	10. Name and Addr					1
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JUPF	TER FL 33478			83							Ì
ł				84	City		<del></del>		5 Zip C	ode	1
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11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508.	Florida Statutes,	the abov	e-named c	corporation submits this state	ement for the pur	ose of cha e ecocintm	inging its Ant as rac	registered ristared	4
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SIGNATURE	Signature, typed or privided name of registered agent of OFFICERS AND	and title if applicable.	_					RS AND E			. (11/98)
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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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR