


FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90033 027 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000062660					
1. Corporation Name TOP NOTCH LANDSCAPE & LAWN CARE, INC.					
Principal Place of Business 4111 NW 78TH TERRACE APT B CORAL SPRINGS FL 33065-1926			Mailing Address 4111 NW 78TH TERRACE APT B CORAL SPRINGS FL 33065-1926		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 29 Zip Country		3. Date Incorporated or Qualified 07/14/1998	
4. FEI Number 05-0855001		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. DO NOT WRITE IN THIS SPACE	
9. Name and Address of Current Registered Agent MONDAZZE, JUSTIN 4111 NW 78TH TERRACE APT B CORAL SPRINGS FL 33065-1926			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 <u>Justin Mondazze</u> DATE <u>1/4/99</u> <small>Signature, typed or printed name of registered agent is required if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.1 TITLE <u>President</u> 1.2 NAME <u>Justin Mondazze</u> 1.3 STREET ADDRESS <u>4111 NW 78 Terrace, Apt. B</u> 1.4 CITY-ST-ZIP <u>Coral Springs, FL 33065-1926</u>			2.1 TITLE <u>N/A</u> 2.2 NAME <u>N/A</u> 2.3 STREET ADDRESS <u>N/A</u> 2.4 CITY-ST-ZIP <u>N/A</u>		
3.1 TITLE <u>N/A</u> 3.2 NAME <u>N/A</u> 3.3 STREET ADDRESS <u>N/A</u> 3.4 CITY-ST-ZIP <u>N/A</u>			4.1 TITLE <u>N/A</u> 4.2 NAME <u>N/A</u> 4.3 STREET ADDRESS <u>N/A</u> 4.4 CITY-ST-ZIP <u>N/A</u>		
5.1 TITLE <u>N/A</u> 5.2 NAME <u>N/A</u> 5.3 STREET ADDRESS <u>N/A</u> 5.4 CITY-ST-ZIP <u>N/A</u>			6.1 TITLE <u>N/A</u> 6.2 NAME <u>N/A</u> 6.3 STREET ADDRESS <u>N/A</u> 6.4 CITY-ST-ZIP <u>N/A</u>		

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: Justin Mondazze
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 (954) 804 9105
Date Daytime Phone #

CR2E034 (1/98)