SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000070146

FILED Aug 16, 1999 8:00 am Secretary of State

08-16-1999 90007 011 ***558.75

EI UBID	A LANDSCAPE SPECIALIST:	S INC.		600	128 - 90007 11
reonid	A ENIDOON E OF CONCION	o, 1110.			
Principal Place	e of Business	Mailing Address			
6530 EAST RO	OGERS CIRCLE	6530 EAST ROGERS CIRCLE	E		
BOCA RATON FL 33487 BOCA RATON FL 33487			NOT	MOSTE IN THE COLOR	
					WRITE IN THIS SPACE
				3. Date Incorporated or Qua	IITIEG C
				08/06/1998	
2. Principal P	lace of Business	2a. Mailing Address	Daniel Val	4. FEL Number	Applied For
21 16434	E. PRESTWICH DR		PRESTWICH	De 35.11. JS-200	- Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desir	ed \$8.75 Additional
22	***************************************	27	-		Fee Required
City & Stat		City & State		6. Election Campaign Finan	- 11 ' - 1
	HATCHEE, FLA	28 LOXAHATCH			Added to Fees
^{zi} 334	Country	Zip	Country	8. This corporation owes the	· · · · · · · · · · · · · · · · · · ·
24 327		29 509 70 31	O USH	Intangible Personal Prope	
	9. Name and Address of Current	Registered Agent	04 >1-	10. Name and Address of N	lew Registered Agent
MIC	HOLE F WESTEN		81 Name	MARK H. KLEIN	
	HOLS, L. WESLEY	CHITTE CO.4	82 Street	Address (P.O. Box Number is Not Ac	ceptable)
	80 PROSPERITY FARMS ROAD,	SUITE 204		4 SOUTH ANDREL	US AUENUE
PAL	M BEACH GARDENS FL 33410		⁸³ දැ	1TE 100	
			84 City		85 Zip Code
			""F	T LUNDARDALE	FL 33316
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statutes,	the above-named or	orporation submits this statement for	the purpose of changing its registered
11. Pursuant office or	to the provisions of sections 607.0502 registered agent, or buth, in the State	and 607.1508, Florida Statutes, of Florida. Such change was aut	the above-named or thorized by the corporal	proporation submits this statement for pration's board of directors. I hereby	the purpose of changing its registered accept the appointment as registered
	to the provisions of sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obliga	and 607.1508, Florida Statutes, of Florida. Such change was aut tions of, section 607.0505, Florida Statutes.	the above-named or thorized by the corporate da Statutes.	orporation submits this statement for pration's board of directors. I hereby	the purpose of changing its registered accept the appointment as registered 8/11/99
11. Pursuant office or agent. I a	to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and acceptitle obliga	LL MARK H.	KLEIN	orporation submits this statement for pration's board of directors. I hereby a required when reinstating)	the purpose of changing its registered accept the appointment as registered
	/ ach x	and title if applicable. (NOTE	KLEIN	e required when reinstating)	the purpose of changing its registered accept the appointment as registered 8/11/99 DOFFICERS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signatur	e required when reinstating)	DATE
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE D DIRECTORS	Registered Agent signature 13.	e required when reinstating)	D OFFICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND TYSON, MICHAEL LOUIS	and title if applicable. (NOTE D DIRECTORS	: Registered Agent signatur 13. 1.1 TITLE	e required when reinstating)	D OFFICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND TYSON, MICHAEL LOUIS 6530 EAST ROGERS CIRCLE	and title if applicable. (NOTE D DIRECTORS	E: Registered Agent signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	e required when reinstating)	D OFFICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND TYSON, MICHAEL LOUIS	and title if applicable. (NOTE D DIRECTORS DELETE	Registered Agent signature 13. 1.1 TITLE 1.2 NAME	e required when reinstating) ADDITIONS/CHANGES To	D OFFICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI D TYSON, MICHAEL LOUIS 6530 EAST ROGERS CIRCLE BOCA RATON FL 33487 D	and title if applicable. (NOTE D DIRECTORS	E: Registered Agent signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	a required when reinstating) ADDITIONS/CHANGES To	DOFFICERS AND DIRECTORS IN 12 Change Addition Change Addition
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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, or on an attachment with an address. 561-333-6267 SIGNATURE: