PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris -

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

rincipal Place of Business	Mailing Address
3890 SW 55TH LANE NAMI FL 33175	13690 SW 55TH LANE MIAMI FL 33175
Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<u>_</u>	27

FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90182 040 ***150.00

	Name # PASOO							
(-HFFN)	BOY LANDSCAPING, INC							_
QIII-LIV I						TE TURKKROZ DEN ATTOR DOTTO BODIE BRAZE BONIO BONI	D ADDA DOĞA ÜLAY	HI WE HELD
Principal Place	e of Business	Mailing A	Address			a i fatt fat is taus inen aben netrt menn ann	E 1818) SINS 1191	
13690 SW 55Th	i Lane	13690 SW	SSTH LANE					
MIAMI FL 33175		MIAMI FL	. 33175			DO NOT WRITE IN THE	S SPACE	
•						3. Date Incorporated or Qualifed	SUPPOL	
						11/10/1998		
a dancinal D	for a Spinispin	2a, Maili	ng Address			A. FEI Number	T A	pplied For
- -	face of Business	26	19 7001033			65-0897959	N	ot Applicable
Suite, Apt.	# etc		, Apt. #, etc.				\$8.75	Additional
22	m, otc.	27				5. Certificate of Status Desired	Fee R	equired
City & State	e		& State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	-	Country	, 	a. This corporation owes the current year in	ntangible	. —.
24	25	29		30		Personal Property Tax.		MN0
	9. Name and Address of Cur	rent Registered	Agent			1D. Name and Address of New Registered	Agent	
hat n	IA DOCED			81	Name			
	1a, roger 90 SW 55TH Lane			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
	M FL 33175			_	<u> </u>			
MAN	AT LE 20110			63	ή			
				84	City	F	85 Zip	Code
		2500 + 207 450	On Florida Status		o comed con	poration submits this statement for the nuroose	of changing it	s registered
11. Pursuant	to the provisions of Sections 607.0	U5UZ and 6U7.150						7
office or r	registered agent, or both, in the Sta	ate of Florida. Su	ch change was a	uthorized by	the corporati	on's board of directors. I hereby accept the app	ointment as r	egistered
office or r agent. I a	registered agent, or both, in the Sta im familiar with, and accept the obl	ate of Florida. Sulligations of, Secti	ch change was a on 607.0505, Flo	uthorized by ride Statutes	the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as n	egistered
office or r agent. I a SIGNATURE	••		·				ointment as n	egistered
SIGNATURE	Signature, typed or printed name of registered		ible. (NOTE				ND DIRECT	ORS IN-12-1
	Signature, typed or printed name of registered	agent and title if applica	ible. (NOTE	: Registered Age		ed when reinstating) DATE	ND DIRECT	
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applica	NOTE	: Registered Age		ed when reinstating) DATE	ND DIRECT	ORS IN-12-1
SIGNATURE 12. IIILE	Signature, typed or printed name of registared OFFICERS	agent and title if applica	NOTE	13. 1.1 TITLE 1.2 NAME		ed when reinstating) DATE	ND DIRECT	ORS IN-12-1
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registarias' OFFICERS D MEJIA, ROGER	agent and title if applica	NOTE	13. 1.1 TITLE 1.2 NAME	ni algoritum requir	ed when reinstating) DATE	ND DIRECT	ORS IN-12-1
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is you also accurate and that my signature shall have the same legal effect as it made under cath; that I am at explowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered.

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