## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S01532

(8)

HUNTER LANDSCAPES, INC.

**FILED** 

May 08 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address											JA DIEN DIEN		
177 U.S. HWY 265 TEQUESTA FL			28 TE	177 U.S. HWY ONE 285 Tequesta Fl 33469									
US				US					Date Incorporated or Qualified 3a. Date of Last Report 09/21/1990 06/07/1996			Report	
2. Principal P	lace of Busin	ness	<b>├</b> ¬	2a. Mailing Address				_	4. FEI Number		<u> </u>	oplied For	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					65-0223088			ol Applicable	
22	w, 010.		27	27					5. Certificate of Status Desired			Additional equired	
City & State	6			City & State					6. Election Campaign Financing			May Be	
23				28					Trust Fund Contribution			to Fees	
Zip Country			-	Zip Country			1		8. This corporation has liability for intangible tax under s. 199.032.				
24	1 25 9. Name and Address of Cu			29 30					Florida Statutes				
H IAI		ant Modis	Refed Agent		81	Name		10. Name and Address of New Registered Agent					
		EN-HUNTER		1									
177 U.S. HWY ONE, STE. 285 TEQUESTA FL 33469						82	Street Addres		s (P.O. Box Number is Not Acceptable	0)			
TEMORPH TE OUTO						83							
						84	City				<b>85</b> Zip	Code	
							′			FL	'		
11. Pursuant office or r agent. I a	to the provis registered ag im familiar wi	ions of Sections 607.09 cent, or both, in the Sta ith, and accept the obli	602 and 6 te 1 fori actions o	607.1508, Florida Statu da. Such change was if, Section 607.0505, Fl	tes, the a authorize brida Sta	bov d b dute	e-named y the cor, s.	d corpor poration	ation submits this statement for the parts board of directors. I hereby accep	rpose of the app	changing in ointinent as	ts registered registered	
SIGNATURE	Signatore, type	di printed name o registered a	goy'l and title	If applicable (NO)	TE Registere	d Ag	ent signature	c required	when reinstaling)	DATE			
12.	コノ	OF CERS A	D DIREC		13.				ADDITIONS/CHANGES TO OFFIC	ERS AND			
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STREET ADDRESS		E: LAKESIDE DRIVE				ADDRESS	173	BYY S.E. CONCH BARA	2008		}		
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CITY-ST-ZIP	by certify tha	t the information suppl	ed with the	his filing does not qual			ST-ZIP emption s	L betste	Section 119 07/3V/). Florida Statutes	Lfurther	cortify that	the	

Information indicated on this annual report or supplemental aprual 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 eof poration or the regivery truetee 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.