

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 JUL 29 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S13975 (5)

1. Corporation Name

ARMAS AND ISENHOWER LANDSCAPE ARCHITECTS AND LAND PLANNERS, INC.

Principal Place of Business

1101 SW ABINGDON AVE.
PORT ST. LUCIE FL 34953

Mailing Address

1101 SW ABINGDON AVE.
PORT ST. LUCIE FL 34953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/21/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0260664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 SAME

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ISENHOWER, BILLY B.
1101 SW ABINGDON AVENUE
PORT ST. LUCIE FL 34953

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	ISENHOWER, BILLY B.	
STREET ADDRESS	PO BOX 8449 N/A	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	ARMAS, GEORGE	
STREET ADDRESS	PO BOX 8449 N/A	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	500002258375--6
1.3 STREET ADDRESS	-08/05/97--01090--007
1.4 CITY-ST-ZIP	***165.00 ***165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 a 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, with an attachment with an address.

SIGNATURE 7.22.1997 901.334.9573

CR2E034 (4/97)



ARMAS ISENHOWER & ASSOCIATES
LANDSCAPE ARCHITECTS, LANDPLANNERS
AND GOLF COURSE ARCHITECTS, INC.

1101 ABINGDON AVE., PORT ST. LUCIE, FL 34953

HOUSTON, TX 713-537-6362

GUAM, M.I. 671-734-0000

407-336-9573

PALM BEACH (407) 369-7779

(2)

To : Florida Dep. Of State
Dev. Of Corp.

Date : 7-22-1997

Re : Annual Corporation Filing Report

To whom it may concern,

This letter is to explain the reason we have not filled out the proper corporation forms, and paid the filing fees :

Our company has always filled on time, actually just as we receive the forms in the mail. We are a small minority company and Armas and Isenhower have been traveling back and forth from Houston, TX. and Florida, because of the two bad financial years, somehow we did not receive, or was miss filed, this years forms. At receiving the 2 nd. notice, we immediatly contacted your office explaining what had happened, inturn they ask for a written reason for the delay.

We hope this will be a acceptable reason and excuse us for the oversight on our part, the \$550. late penalty, or the dissolving our corporation will be a real hardship on us. Thank you for the time to review this letter.

Sincerely

Bill Isenhower
President