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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # \$17035

Principal Place of Business

(4)

Mailing Address

CJ PARADISE LANDSCAPING AND LAWN MAINTENANCE, IN

1006 S. MILITARY TRAIL 1086 S. MILITARY TRAIL STE. 106 DEERFIELD BEACH FL 33442-7694 **DEERFIELD BEACH FL 33442** 3. Date Incorporated or Qualified 3a. Date of Last Report 12/07/1990 08/08/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 65-0238807 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zip Žφ Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Johnson, Jerry W. 1086 S. MILITARY TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) STE. 106 83 **DEERFIELD BEACH FL 33442** 84 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 life if applicable (NOTE: Registered Agent signature required when reinstalling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. DELETE Change Addition TITLE 1.1 THUE JOHNSON, JERRY W. 1.2 NAME NAME **CR2E034** 1086 S. MILITARY TRAIL, STE 10G STREET ADDRESS 1.3 STREET ADDRESS **DEERFIELD BCH FL** CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Addition Change TITLE 2.1 TOUR NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - S1 - ZIP DELETE TITLE 31 TITLE ___ Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(TY - ST - ZIP DELE16 Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 IIILE

14. I do hereby certify that the information supplied with this filling 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 allachment with an address.

5.2 NAM[

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - \$T - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

954-570-8691

Change

Addition

FILED

Apr 29 1997 8:00am

Secretary of State