## FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT : STATE

Sandra B. Morth m

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$18458

(7)

QUALITY LANDSCAPE SERVICES INC.

FILED Feb 23 1998 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Address				-	ill 81811 A1811 BIBIT	81811 91911	01011 1001	
2235 SW 145 AVE PO BOX 290151 P.O. BOX 290151 (ZIP CODE 33329) A 3 dres DAVIE FL 33329  DAVIE FL 33329							DO NOT WRITE IN THIS SPACE			
US	<u> </u>	US				3. Date Incorporated or Qualified 12/14/1990				
2. Principal P 21 <b>99</b>	s. st. RJ. 7	2a. Mailing Address 26				4. FEI Number 65-0232866		<del></del>	plied For t Applicable	
Suite Apt.	E Bay	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$ <sup>3</sup>	8.75 A Fee Re	Additional quired	
City & State	ntation, Fl.	City & State	··			6. Election Campaign Financing Trust Fund Contribution	<u> </u>	<b>5.00</b> Added t	May Be o Fees	
Zip 24 <b>33</b>	317 25 \$ roward		Country 30	у	····	This corporation owes or has particle.     Personal Property Tax due June	e 30. 🔲 Ye	8	angible ] No	
	9. Name and Address of Current	Registered Agent		1 77		10. Name and Address of New Re	gistered Ager	<u>ıt</u>		
	CHECO JR, BIENUENIDO D		81	Nar	ne					
2295 <b>\$</b> W 145 AVE DAV <del>I</del> E FL 33325					et Addre	Address (P.O. Box Number is Not Acceptable)				
			83	<u> </u>	<del></del>	v	, 85	Zip C	Codo	
			04	City			FL  °°	,	>00e	
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			ent signa	itura required	d when reinstating)	DATE			
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFIC		ECTOR: Change	S IN 12	
TITLE	RODRIQUEZ, MARIA L.	C DECEME	1.1 TITLE				<u> </u>	ananye	Adoldon	
NAME STREET ADDRESS	11201 SW 55 ST		1.2 NAME							
CITY-ST-ZIP	MIRAMAR FL 33025		1.3 STREET		×>					
TITLE	P	DELETÉ	2.1 TITLE	51 - £IF				Change	Addition	
NAME	BIEQUENIDO, PACHECO JR		2.2 NAME		ļ					
STREET ADDRESS	2295 SW 145TH AVE		2.3 STREET		35					
CITY-ST-ZIP	DAVIE FL		2. 4 CITY-		~					
TITLE		DELETE	3.1 TITLE	O. L.	1			Change	☐ Addition	
NAME			3.2 AME					-		
STREET ADDRESS			3.3 TREET	T ADDRES	ss l					
CITY+ST-ZIP			3.4 ITY~	ST-ZIP	į.					
TITLE		DELETE	4. TLE				(	Change	Addition	
NAME			4. AME		- [					
STREET ADDRESS			4 REET	T ADDRES	ss					
CITY-ST-ZIP			4. IY-9	ST-ZIP						
TITLE		L] DELETE	5.t FL€				□ (	Change	Addition	
NAME			5.2 AME							
STREET ADDRESS		·	1 7	T ADDRES	.s					
CITY-ST-ZIP		DOLOTE	5.4 CITY - S	ST - ZIP				hence	Addition	
TITLE		LT DELETE	6.1 TITLE				LJ (	Change	Addition	
NAME			6.2 NAME		.					
STREET ADDRESS			6.3 STREET		8					
CITY-ST-ZIP	artify that the information supplied with	this filing does not avalify for	64 CITY-S	dan at	ated in 6	Section 119 07(3\(\frac{1}{3}\)(i) Florida Statutos 1	further certify (	hat the	information	
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 minual 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 receipture 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 as present with an address.										

RECUMBER