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

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Feb 03 1998 8:00am Secretary of State

1. Corporation	INEN I	# <b>S</b> 339	<b>24</b> (9)					
SAWG	RASS LAI	NDSCAPE SERV	/ICES, INC					
							T (ABURBNA 100 BRIDA ANTA RAKIR ARBIK BRIAN BRIAN BURAN BURAN BURAN BURAN BURAN BURAN BURAN BURAN	
Principal Plac		SS	Mailing Address	Mailing Address			A seature and title fatte to the right from diet field field field field	
2090 S.W. 71ST TERR.				2090 S.W. 71ST TERR.				
#G8 DAVIE FL 33317			DAVIE FL 33317	#G8 DAVIE FL 33317			DO NOT WRITE IN THIS SPACE	
	•		•				3. Date Incorporated or Qualified	
							02/22/1991	
2. Principal f	Place of Busi	ness	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	
21			26				<b>59-3051064</b> Not Applicable	
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required	
22 City & Sta	te		27 City & State	City & State				
23			<b>⊢</b> ~₁ ′	28			Election Campaign Financing     Trust Fund Contribution     Added to Fees	
Zip	Country		Zip	Cou	Country		8. This corporation owes or has paid the current year Intangible	
24		25	29	30			Personal Property Tax due June 30. X Yes No	
	<del></del>		rrent Registered Agent				10. Name and Address of New Registered Agent	
	LAZZOLO,				B1	Name		
2090 S.W. 71ST TERR. GB				ľ	82	Street Ar	reet Address (P.O. Box Number is Not Acceptable)	
DAVIE FL 33317				}	83			
				83			<u></u>	
				[	84	City	FL 85 Zip Code	
11. Pursuant	to the provis	ions of Sections 607.	0502 and 607 1508, Florida St	atules, the ab	ove	-named c		
office or agent. I a	registered aç am f <b>am</b> iliar w	jent, or both, in the S ith, and sccept the ol	tate of Florida. Such change w bligations of, Section 607.0505	vas authorized 5. Florida State	i by ites	the corpo	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE			•	,				
	Signature, typico		· · · · · · · · · · · · · · · · · · ·		Agen	t signature re	equired when reinstating) DATE	
12. TITLE	OFFICERS AND DIRECTORS  PSTD DELETE			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	PALAZZOLO, JEROME				1.1 TITLE 1.2 NAME		LJ Change L Addition	
STREET ADDRESS 2090 S.W. 71ST TERR. GB			3	1	1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP		L 33317			1.4 CITY-ST-ZIP			
TITLE	VD		<b>₩</b> DELETE	DELETE 2.1 TIT			☐ Change ☐ Addition	
NAME	CROSTA, JAMES		,	2.2 NA	ME			
STREET ADDRESS		W. 71 <b>ST</b> TERR. G8	}	2.3 S		ADDRESS		
CITY-ST-ZIP	DAVIE P	L 33317		2. 4 CIT				
TITLE			☐ DELETÉ			- 1	☐ Change ☐ Addition	
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREFT ADDRESS				
CITY-ST-ZIP TITLE	21-21		DELETE	3.4. CHY-S  DELETE 4.1 TITLE		- ZIP	☐ Change ☐ Addition	
NAMÉ			Land Section	4.2 NAM		1	Change Addition	
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE	DELETE			5.1 TITLE		Change Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS		DDRESS			
CITY - ST - ZIP			5.4 CITY - ST - ZIP		- ZIP			
TITLE		☐ DELETE			1	☐ Change ☐ Addition		
NAME OTDECT + DDDCCO				6.2 NAM			,	
STREET ADDRESS						DDRESS	•	
City-St-ZIP 14. I hereby of	certify that the	e information supplier	d with this filing doe≴ not quali	64 CIT fy for the exer	r-ST- nplic	on stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

indicated on this annual report of 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 changes, or on an attachment will yan address.