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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$36297

1. Corporation Name

Suite, Apt. #, etc.

City & State

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Zip

ALL-GREEN IRRIGATION AND LANDSCAPE, INC.

Principal Place of Business	Mailing Address
0620 WENDY LANE EAST	8620 WENDY LANE EAST
YEST PALM BEACH FL 33411	WEST PALM BEACH FL 33411

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Suite, Apt. #, etc:

City & State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/05/1991 4. FEI Number Applied For 65-0262998 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible □No ☐ Yes Personal Property Tax.

FILED Mar 31, 1999 8:00 am

Secretary of State

03-31-1999 90037 049 ***150.00

ELLIS, DEBORAH N. 8620 WENDY LANE EAST **WEST PALM BEACH FL 33411**

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Country

9. Name and Address of Current Registered Agent

	10. Name and Address of New Kegist	BIOU A	Aerit		
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.

Country

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SIGNATURE	a the state of	Garalia (NOTE: B.	onistered Apont signature red	urired when reinstations	_	DAT	TE .		
			Registered Agent signature required when reinstating) 13. ADDITIONS/CHANGES TO OFFICERS AND D					CTORS II	N 12
12.	VTD	DELETE	1.1 TITLE	7,551,1014	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Cha		Addition
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·	WEST PALM BEACH FL		1.4 CITY-ST-ZIP				4		
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	ELLIS, DEBORAH N.		2.2 NAME			٠			ļ
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NAME	,		6.2 NAME						
	1.545概念64.3841		6.3 STREET ADDRESS						
1	and the state of t		64 CITY-ST-78P						

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 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 attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR