SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -3 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S37600** (1)

1. Corporation Name
LANDTECH SUPPORT SERVICES OF FLORIDA, INC.

Principal Place of Business
~~1711 NORTH LAKESIDE DRIVE~~
~~LAKE WORTH FL 33460~~

Mailing Address
~~1711 NORTH LAKESIDE DRIVE~~
~~LAKE WORTH FL 33460~~

717 LAGOON DRIVE
NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1991
3a. Date of Last Report: 06/22/1994

2. Principal Place of Business
21: 717 LAGOON DRIVE
22 Suite, Apt. #, etc.:
23 City & State: NORTH PALM BEACH, FL
24 Zip: 33408
25 Country: USA

2a. Mailing Address
26: 717 LAGOON DRIVE
27 Suite, Apt. #, etc.:
28 City & State: NORTH PALM BEACH, FL
29 Zip: 33408
30 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has qualified for exemption under s. 199.185, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

YEGIAS, CARLOS
2135 S. CONGRESS AVE.
SUITE 3C-THE LODGES
WEST PALM BEACH FL 33406

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	D
NAME	RENNICK, PETER RENNICK
STREET ADDRESS	~~1711 N. LAKESIDE DR.~~ 717 LAGOON DRIVE
CITY-ST-ZIP	~~LAKE WORTH FL 33460~~ NORTH PALM BEACH, FL 33408
TITLE	S
NAME	RENNICK, SHEILA RENNICK
STREET ADDRESS	1711 N. LAKESIDE DR. 717 LAGOON DRIVE
CITY-ST-ZIP	LAKE WORTH FL 33460 NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

CR2E034 (3/95)

14. I hereby certify that the information supplied with this filing is accurately furnished and 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.

SIGNATURE: P. Rennick, Director 6/23/95 (407) 624-4060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

0191200 FP