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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S61346 (0)

1. Corporation Name
GROUND EFFECTS LANDSCAPE SERVICE, INC.

Principal Place of Business

7090 SW 41ST PL
DAVIE FL 33314
US

Mailing Address

7090 SW 41ST PLACE
STE 2-23
DAVIE FL 33314-3181
US

3. Date Incorporated or Qualified
06/20/1991

3a. Date of Last Report
04/30/1996

4. FEI Number

65-0271846

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 liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 7000 SW 22nd Ct.

Suite, Apt. #, etc.

22 Suite 127-H

City & State

23 DAVIE, FLORIDA

Zip

24 33317

Country

25 U.S.

2a. Mailing Address

26 7000 SW 22nd Ct.

Suite, Apt. #, etc.

27 Suite 127-H

City & State

28 DAVIE, Florida

Zip

29 33317

Country

30 United States

9. Name and Address of Current Registered Agent

GALOR, STEVEN
12850 STATE RD 84
DAVIE FL 33325

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 reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GALOR, STEVEN
STREET ADDRESS 7090 SW 41ST PL
CITY-ST-ZIP DAVIE FL

TITLE VP ☐ DELETE

NAME GALOR, JOSEPH
STREET ADDRESS 952 SW 130TH AVE
CITY-ST-ZIP DAVIE FL

TITLE D ☐ DELETE

NAME GALOR, SANDRA M.
STREET ADDRESS 7090 SW 41ST PL
CITY-ST-ZIP DAVIE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)