

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

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May 08 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 # **S64078** (6)
1. Corporation Name
GREEN MEADOWS LANDSCAPE MAINTENANCE, INC.



Principal Place of Business
**6574 N SR 7
STE 208
COCONUT CREEK FL 33073
US**

Mailing Address
**6574 N SR 7
STE 208
COCONUT CREEK FL 33073 3625
US**

3. Date Incorporated or Qualified 06/28/1991	3a. Date of Last Report 04/30/1996
4. FEI Number 65-0268853	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 123 N. Congress Ave Suite, Apt. #, etc. 22 310 City & State 23 Boynton Bch, FL Zip 24 33426 Country 25 PB	2a. Mailing Address 26 123 N. Congress Ave Suite, Apt. #, etc. 27 310 City & State 28 Boynton Bch, FL Zip 29 33426 Country 30 PB
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9. Name and Address of Current Registered Agent CASSELLO, ROSEMARIE N. 6574 N SR 7 STE 208 COCONUT CREEK FL 33073	10. Name and Address of New Registered Agent 81 Name S/A 82 Street Address (P.O. Box Number is Not Acceptable) 123 N. Congress Avenue 83 Suite 310 84 City Boynton Beach, FL 85 Zip Code 33426
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASSELLO, ROSEMARIE N.		1.2 NAME	
STREET ADDRESS 6574 N SR 7 STE 208		1.3 STREET ADDRESS 123 N. Congress Ave	
CITY - ST - ZIP COCONUT CREEK FL		1.4 CITY - ST - ZIP Suite #310 Boynton Bch, FL 33426-4209	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASILLAS, DANIEL		2.2 NAME	
STREET ADDRESS 6574 N SR 7 STE 208		2.3 STREET ADDRESS 123 N. Congress Avenue	
CITY - ST - ZIP COCONUT CREEK FL		2.4 CITY - ST - ZIP #310 Boynton Beach, FL 33426-4209	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Rosemarie Cassello 4/28/97 564-357-8004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)