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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMÉ Sandra B. Mor Secretary of State

1997

DIVISION OF CORPORATIONS

FILED May 21 1997 8:00am Secretary of State

3a. Date of Last Report

DOCUMENT #	593915
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LIGHTHOUSE POINT LANDSCAPING DESIGN & HOME REMODELING, INC.

Principal Place of Business

Mailing Address

4820 NW 74th Place Pompano Beach, FL 33073

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33073

3. Date Incorporated or Qualified 11/13/91 4/96 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 65-0296121 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 🖬 Yes 🗀 No 24 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Michel Bouchard Street Address (P.O. Box Number is Not Acceptable)
4820 NW 74th Place 83 Pompano BEach, FL 33073 84 ^{Z_P,C,C,C}273 Pompano Beach 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Michel Bouchard Signature Typed or printed name of registered agent and title I applica ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 INUE P/VP/S/T NAME 1.2 NAME Michel Bouchard STREET ADDRESS 1.3 STREET ADDRESS 4820 NW 74th Place CITY-ST-7IP 1.4 CHY-S1-ZIP Pompano Beach, FL 3307 Riffe 2.1 DILE Change Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST- ZIP ☐ DELETE 3.1 1171 E Change Addition TITLE NAME 3.2 NAMÉ _ 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-7IP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 Cilly - S1 - ZiP CITY-ST-ZIP DELETE Change Addition TITLE 51 THE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - 7IP DELETE 61 TITLE Change TITLE 200002201802 -06/04/97--01091--012 6/ ***165.00 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling 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 arrival report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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:

Michel Bouchard 4/29 (954) 421-340