

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V52186** (6)

1. Corporation Name
ARTISTIC PALMS LANDSCAPING, INC.



Principal Place of Business: **5648 EAGLE LAKE DR. 62-A PALM BEACH GARDENS FL 33418 US**
Mailing Address: **5648 EAGLE LAKE DR. 62-A PALM BEACH GARDENS FL 33418 US**

2. Principal Place of Business: 21 State, Apt., #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 State, Apt., #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**ESKUCHEN, MARTHA SNEDAKER
1041 U.S. HIGHWAY ONE
JUNO BEACH FL 33408**

3. Date Incorporated or Qualified: **07/20/1992**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **65-0347223** 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
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 607.07(2) and 607.150(1) 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 607.07(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
	D MURPHY, RONALD T.	<input type="checkbox"/> DELETE	
STREET ADDRESS	5648 EAGLE LAKE DR. #62-A		
CITY-ST-ZIP	PALM BEACH GARDENS FL		
	D MURPHY, RENAI J.	<input checked="" type="checkbox"/> CHANGE	
STREET ADDRESS	5648 EAGLE DR. #62-A		
CITY-ST-ZIP	PALM BEACH GARDENS FL		
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> DELETE	

14. I do hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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: *Ronald T. Murphy* 4/9/96 407-627-9758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E084 (12/95)