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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

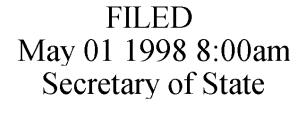
Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

V61070

(1)

STARDUST LANDSCAPE MAINTENANCE INC.





Principal Plac	e of Business	Mailing Addr	Mailing Address			1841 111810 01101 (1711 08111 1061 0911 0	I 1891 ATIBIR BITAL USKIL OBILI OBILI BIBIL BIBIL BIBIL BIBIL BIBIL BIBIL BIBIL BIBIL BIBIL	
1217 STAR	DUST	1217 STAI	1217 STARDUST					
POMPANO BEACH FL 33068-3704			POMPANO BEACH FL 33068-3704					
						DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualified		
• Dringle of C	4.4	I di nana		09/01/1992				
2. Principal Place of Business		F-1 *	2a. Mailing Address			4. FEI Number	Applied For	
Suite, Apt. #, etc.		·····	Suite, Apt. #, etc.			65-0358533	Not Applicable	
22			⊢ , '			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & Sta	City & State					
23		⊢ –	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	ip Count		•	8. This corporation owes or has paid th	****	
24	25	29	30	٠ .		Personal Property Tax due June 30.	Yes No	
	g. Name and Address of Curre			ł		10. Name and Address of New Registe		
				81	Name			
	217 STARDUST						·-	
	POMPANO BEACH FL 33067		82 Street Ad		Street A	ddress (P.O. Box Number is Not Acceptable)		
•	OMENIO DENOTITE 33007			83			· · · · · · · · · · · · · · · · · · ·	
				84	City		FL 85 Zip Code	
44 Pureitant	to the provisions of Sections 607.05	02 and 607 1608 Fi	orida Statutos I	the about	named c	corporation submits this statement for the purpo		
office or r	regi ster ed agent, or both, in the Stat	e of Florida. Such cl	nange was auth	orized by	the corpo	oration'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 profiled name of registered agent and tide if applicable (NOTC Registered Agent signature required when reinstating) DATE								
12.		ND DIRECTORS	(AKATE HIG	13.	gridiant re	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D		DELETE	1.1 1/TLE		TESTIGNATURAL TO OFFICE	Change Addition	
NAME	DOUGHERTY, REGINA			1.2 NAME				
STREET ADDRESS	14.5 45.15		1.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL		1.4 City-St-2					
TITLE			2.1 TITLE		······································	Change Addition		
NAME			2.2 NAME		ļ			
STREET ADDRESS			2.3 STREET ADOR		ADORESS	• ,		
CITY-ST-ZIP			2. 4 CIT		1			
TITLE			DELETE	3.1 TITLE	.,		☐ Change ☐ Addition	
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-ST-ZIP			·	
TITLE			DELETE	4.1 TITLE			Change Addition	
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	AUDBESS			
CITY-ST-ZIP			J	4.4 City-S				
TITLE			DELETE	5.1 TITLE	- 212		Change Addition	
NAME				5.2 NAME		·		
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - ST 6.1 TITLE	- Z(P		Change Addition	
			PECEIC					
NAME OTOGET ADDRESS				6.2 NAME	40505			
STREET ADDRESS				6.3 STREET				
CITY-ST-ZIP			_	6.4 CITY - ST	- ZIP			

14. Thereby 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.