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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V63170

**(7)** 

QUALITY LANDSCAPING OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

## FILED Feb 04 1998 8:00am Secretary of State



111 PONCE DE LEON STREET 111 PONCE DE LEON STREET ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/10/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0361135 26 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 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation owes or has paid the current year Intangible ☐ No 24 25 29 30 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COWART, LOU ANN 111 PONCE DE LEON STREET 82 Street Address (P.O. Box Number is Not Acceptable) **ROYAL PALM BEACH FL 33411** 83 84 City Zip Code 85 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, typod or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition 1.1 TITLE COWART, LOU ANN NAME 1.2 NAME 111 PONCE DE LEON STREET STREET ADDRESS 1.3 STREET ADDRESS **ROYAL PALM BEACH FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE ☐ Change 2.1 TITLE \_\_\_ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-7IP DELETE THILE Change 3.1 TITLE Addition MAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TO LE Change Addition 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Addition 61 TITLE Change NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CHY-ST-ZIP

14. I 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 suppliemental 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.

NONATURE TOU AM CAUSAT

Cowart

1/6/98