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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name V63783

(7)

	A & D	LANDS	CAPING	CORP.												
Pr	incipal Place	of Business		B-/ BB- 1481 1887 1	Mailing	Address	***************************************				1	1 1084+ 011010 01100 1141 19001 1			(A)) UIU)	
	3175 FLAMIN DAVIE FL 33 US				530 GREATON DAVIE FL 33325 US								*****			
											3.	Date Incorporated or Qualifier 09/10/1992	3a. [	Date of Last * <b>04/13</b>		rt
2. 21	Principal Pia	ace of Busin	ness		2a. Mail 26	ng Address					4.	, FEI Number <b>65-0356026</b>		_		lied For Applicable
22	Suite, Apt.	#. etc.			Suite, Apt. #, etc.						5.	, Certificate of Status Desired			75 Ad e Requ	dditional uired
23	City & State	3			City & State					,	6.	Election Campaign Financing Trust Fund Contribution			.00 M	May Be Fees
24	Zip	Country 25			Zip Go. 29 30			Country	intry			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No				
		g. Name	and Add	dress of Current		Agent		T			10.	Name and Address of New	Register	ed Agent		
								81	Γ	Name		· · · · · · · · · · · · · · · · · · ·				
ADLER, MARIO									+	Street Addres	ddress (P.O. Box Number is Not Acceptable)					
		FL 33325						83	†-		<u></u>	GREATUR	PIUE	-NUE	***************************************	
		•						84		City			F	EL 85	Zip Co	ode
11	or register	ed agent, or	r both, in t	otions 607.0502 a the State of Florida ligations of, Section	<ol> <li>Such char</li> </ol>	ide was author	rized by ti	above- he corp	na	rned corporat ation's board	ion a	submits this statement for the p directors. I hereby accept the a	ourpose of oppointmen	changing It t as register	s regis red age	tered office ent. I am
SI	GNATURE: _													<u> </u>		
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14	<ul> <li>certify that</li> </ul>	the informa	ation Indica	ated on this annua	al report or s	upplementa <sup>i</sup> ar	nnual repo	ort is tri	ue	and accurate	and	exemption stated in Section 1: d that my signature shall have to ort as required by Chapter 607,	be same le	gal effect a	s if mai	ade under

SIGNATURE: \_\_\_

SIGNATURE AND VPED OF PHINE NAME OF SIGNING OFFICER OR DIRECTOR

5-16-96 Date

(954)452-6980

CR2E034 (12/95)