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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V72293 (6)LL LANDSCAPE DESIGNS, INC. Principal Place of Business Mailing Address 4699 NW 7 PL 4699 NW 7 PL DEERFIELD BEACH FL 33442-9351 DEERFIELD BEACH FL 33442 3. Date Incorporated or Qualified 3a. Date of Last Report 01/26/1996 10/14/1992 Principal Place of Business Mailing Address FEI Number 2a. Applied For 65-0380874 26 Not Applicable 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Added to Fees 23 Trust Fund Contribution Žiρ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes ☐ No Florida Statutes 24 25 29 30 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name FARBER, ANDREW E. 23257 SR 7 Street Address (P.O. Box Number is Not Acceptable) **SUITE 201** 83 **BOCA RATON FL 33428** City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12-12. 13. DELETE Change TITLE LI TITLE LEVIGNE, LEON AME NAME 50 SW 34TH AVE STREET ADDRESS T ADDRESS DEERFIELD BEACH FL CITY-SI-ZIP 14 CITY-ST DELETE ■ Addition 21 TITLE Change THILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ___ DELETE Addition 4.1 TITLE ☐ Change TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-SI-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 54CITY-ST-ZIP CITY-S1-ZIP ☐ DENTE Chang Addition 6.1 TITLE TITLE

14. I do 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 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 pranged, or on an attachment with an address.

6.3 SYDEET ADDRESS 6.4 CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: OF SIGNING OFFICER OR DIRECTOR

-16-97 1-800-764-5168

FILED

Jan 31 1997 8:00am

Secretary of State