

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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J30534** (8)
1. Corporation Name
U. S. LAWNS, INC.



Principal Place of Business
**477 OLD WINTER GARDEN RD
ORLANDO FL 32711
US**

Mailing Address
**24121 VENTURA BLVD
CALABASAS CA 91302**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/26/1986	
21		26		4. FEI Number 59-2706954	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Vice President
NAME	WILSON, BRUCE	1.2 NAME	
STREET ADDRESS	24121 VENTURA BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CALABASAS CA 91302	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	
NAME	STARK, PAMELA S	2.2 NAME	
STREET ADDRESS	24121 VENTURA BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CALABASAS CA 91302	2.4 CITY-ST-ZIP	
TITLE	President	3.1 TITLE	
NAME	Thomas L. Oyler	3.2 NAME	
STREET ADDRESS	4777 Old Winter Garden Road	3.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32811	3.4 CITY-ST-ZIP	
TITLE	Vice President	4.1 TITLE	
NAME	Todd L. Moerchen	4.2 NAME	
STREET ADDRESS	4777 Old Winter Garden Road	4.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32811	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 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 of this report, or on an attachment with an address.

SIGNATURE



(818) 223-8500

Pamela Stark, VP

1/21/98

CR2E034 (10/97)