Feb 17, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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| T. Corporation | | | | | | | | | |
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| W.C. LA | wn service, inc. | | | | | | | | |
| | | | | | | | | P(8) 818 188) | |
| | | | | | | 115 JUN 61641 B | | | |
| Principal Place | e of Business | Mailing Address | | | | | | | |
| *PETER C. POWELL **PETER C. POWELL **PETER C. POWELL **PETER C. POWELL | | | | | | | | • | |
| 408 81ST. AVE. WEST PALM BCH FL 33411 WEST PALM BEACH FL 3341 | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| US | 311 12 0041, | US | | | 3. Date Incorporated or Qualifed | | | | |
| | | | | | 08/31/1989 | | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Ap | plied For | |
| 21 | | 26 | | | 65-0144061 | | No | t Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | | \$8.75 | | |
| 22 | | 27 | . | | 5. Certificate of Cicioo Bosinos | | Fee Re | equired | |
| City & State | e | City & State | | | 6. Election Campaign Financing | П | | May Be | |
| 23 | | 28 | | | Trust Fund Contribution | | Added | to Fees | |
| Zip | Country | Zip | Country | | 8. This corporation owes the curre | ent year Int | | | |
| 24 | 25 | 29 30 | | | Personal Property Tax. | · lasintared | Yes | □No | |
| | 9. Name and Address of Currer | nt Registered Agent | 81 | Name | 10. Name and Address of New R | redistered | Agent | | |
| POW | /ELL, PETER C. | | | 1101110 | | | | | |
| | 81ST AVENUE | | 82 | Street Addre | ess (P.O. Box Number is Not Accepta | | | | |
| | T PALM BEACH FL 33411 | | 83 | | | 2 7 11 9 20 d | 1.16 116 | 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
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| | | | 84 | O14. | | | 85 Zip (| Code `` `' | |
| | _ | | 100 | City | • | | 1 1 | | |
| 11 Pursuant | to the provisions of Sections 607 050 | 02 and 607 1508. Florida Statutes, t | | • | pration submits this statement for the | FL purpose of | changing its | registered | |
| 11. Pursuant office or re | to the provisions of Sections 607.050 egistered agent, or both, in the State | 02 and 607.1508, Florida Statutes, of Florida. Such change was author | | • | oration submits this statement for the n's board of directors. I hereby accep | | changing its intment as re | registered gistered | |
| | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations. | 02 and 607.1508, Florida Statutes, of Florida. Such change was authoations of, Section 607.0505, Florida | | • | oration submits this statement for the n's board of directors. I hereby accep | | changing its | registered gistered | |
| 11. Pursuant office or reagent. Lat | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligation of the state of | vell Peter | the above- orized by the Statutes. | • | 1/281 | | changing its | registered gistered | |
| | Signature, typed or printed name of registered age | vell Peter | the above- orized by the Statutes. | -named corpo he corporation | 1/281 | purpose of t the appoi | ND DIRECTO | DRS IN 12 | |
| SIGNATURE | Signature, typed or printed name of registered age | ant and title if applicable. (NOTE: Reg | the above- orized by the Statutes. | -named corpo he corporation | when reinstating) | purpose of t the appoi | | | |
| SIGNATURE | Signature, typed or printed name of registered age OFFICERS AND POWELL, PETER C. | ant and title if applicable. ND DIRECTORS PERSON (NOTE: Reg | the above- orized by the Statutes. | -named corpo he corporation | when reinstating) ADDITIONS/CHANGES TO OFF | purpose of t the appoi | ND DIRECTO | DRS IN 12 | |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered age OFFICERS AND POWELL, PETER C. 408 81ST. AVENUE | ant and title if applicable. ND DIRECTORS PERSON (NOTE: Reg | the above- orized by the Statutes. 2 | -named corpo he corporation | when reinstating) ADDITIONS/CHANGES TO OFF | purpose of t the appoi | ND DIRECTO | DRS IN 12 | |
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| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered age OFFICERS AND POWELL, PETER C. 408 81ST. AVENUE | ant and title if applicable. (NOTE: Res | the above- orized by the Statutes. 2 C gistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST- | named corpo he corporation Pow E signature required | when reinstating) ADDITIONS/CHANGES TO OFF | purpose of t the appoi | ND DIRECTO | DRS IN 12 | |
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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 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS