


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N95000001966 (9)**

1. Corporation Name

**CERTIFIED PEST CONTROL OPERATORS OF FLORIDA, INC**

Principal Place of Business

Mailing Address

6635 W COMMERCIAL BLVD  
SUITE 219  
TAMARAC FL 33319

6635 W COMMERCIAL BLVD  
SUITE 219  
TAMARAC FL 33319

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/25/1995

4. FEI Number

65-0572961

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

WEINBERG, STEVEN A ESQ.  
8000 PETERS ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME HOFFER, LYNN  
STREET ADDRESS 11179 DELTA CIR  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE VD ☒ DELETE

NAME DUES, RON  
STREET ADDRESS 2581 SW BAER ST  
CITY-ST-ZIP PORT ST LUCIE FL 34953

TITLE SD ☒ DELETE

NAME TENACE, DANIEL  
STREET ADDRESS P.O. BOX 8875 N/A  
CITY-ST-ZIP CORAL SPRINGS FL 33075

TITLE D ☒ DELETE

NAME HOFFER, ALLEN  
STREET ADDRESS 12329 N.W. 35TH STREET  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☒ DELETE

NAME LIVINGSTON, GIL  
STREET ADDRESS 3440 NW 71ST STREET  
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME J. P. Miller  
1.3 STREET ADDRESS 229 Goolsby Blvd  
1.4 CITY-ST-ZIP Deerfield Bch FL 33442 ☒ Change ☐ Addition

2.1 TITLE VP ☐ Change ☐ Addition

2.2 NAME Livingston, Gil  
2.3 STREET ADDRESS 3440 NW 71st Street  
2.4 CITY-ST-ZIP Coconut Creek FL 33073 ☒ Change ☐ Addition

3.1 TITLE D ☐ Change ☐ Addition

3.2 NAME Hoffer, Lynn  
3.3 STREET ADDRESS 11179 Delta Circle  
3.4 CITY-ST-ZIP Boca Raton FL 33428 ☐ Change ☒ Addition

4.1 TITLE T ☐ Change ☒ Addition

4.2 NAME Spero, Gary  
4.3 STREET ADDRESS 23 Columbia Court  
4.4 CITY-ST-ZIP Deerfield Bch FL 33442 ☐ Change ☒ Addition

5.1 TITLE S ☐ Change ☒ Addition

5.2 NAME Cohen, Mary  
5.3 STREET ADDRESS 4791 SW 82 Ave #22  
5.4 CITY-ST-ZIP Davie FL 33328 ☐ Change ☒ Addition

6.1 TITLE ED ☐ Change ☒ Addition

6.2 NAME Edelstein, Mel

6.3 STREET ADDRESS 6635 W Commercial Blvd #219

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 617.0503(3) of the 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

*W. J. Miller* 1/7/98

954/724-8806

CR2E037 (10/97)