

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 # **P35945 (5)**

1. Corporation Name

PALM BEACH LAWN & GARDENS, INC.



Principal Place of Business

P.O. BOX 260
UPPER FALLS MD 21156

Mailing Address

P.O. BOX 260
UPPER FALLS MD 21156

3. Date Incorporated or Qualified: **10/16/1991**
3a. Date of Last Report: **02/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 **Palm Beach Lawns & Gardens, Inc.**

26 **Palm Beach Lawns & Gardens, Inc.**

4. FEI Number: **52-1635551**
Applied For: Not Applicable

22 **P.O. Box 2460**
City & State:

27 **P.O. Box 2460**
City & State:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23 **Jupiter Florida**

28 **Jupiter, Florida**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24 **33468** 25 **USA**

29 **33468** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**BEHR, SCOTT M
17901 C THELMA AVE.
JUPITER FL 33458**

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 **FL**

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: *Scott M. Behr (Exec.)*

(NOTE: Registered Agent signature required for new filings)

2/7/96

12. OFFICERS AND DIRECTORS	
1. TITLE	<input type="checkbox"/> DELETE
2. NAME	P BEHR, SCOTT M.
3. STREET ADDRESS	17901 G THELMA AVENUE
4. CITY-ST-ZIP	JUPITER FL
5. TITLE	<input type="checkbox"/> DELETE
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> DELETE
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> DELETE
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> DELETE
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Scott M. Behr (Exec.)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96 (407) 743 6420

CR2E034 (12/95)