

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

**FILED**  
**Apr 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000017431 (4)**  
 1. Corporation Name  
**SCENIC PEST CONTROL SERVICE, INC.**



Principal Place of Business <b>10028 NW 53RD STREET                  SUNRISE FL 33351                  US</b>	Mailing Address <b>10028 NW 53RD STREET                  SUNRISE FL 33351                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 10619 NW 53 STREET</b> Suite, Apt. #, etc. <b>22 SUNRISE FLORIDA</b> City & State <b>23 33351</b> Zip <b>24</b>	2a. Mailing Address <b>26 13200 NW 12 CT</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 SUNRISE, FLA</b> Zip <b>29 33323</b> Country <b>30 BROWARD</b>
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3. Date Incorporated or Qualified <b>03/01/1995</b>	4. FEI Number <b>65-0572020</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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		

9. Name and Address of Current Registered Agent  
**SADER, ROBERT L  
 2200 W. COMMERCIAL BLVD.  
 SUITE 301  
 FT. LAUDERDALE FL 33309**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<b>RIBOLINI, JOSEPH</b> 13200 NW 12 CT SUNRISE FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE <b>VP</b>	<b>RIBOLINI, JANET</b> 8590 NW 21 CT SUNRISE FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE <b>S</b>	<b>RIBOLINI, AUGUSTINE</b> 8590 NW 21 CT SUNRISE FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change  Addition

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Change  Addition

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Change  Addition

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.

SIGNATURE: *Robert L. Sader* *Janet Ribolini* *3/21/98* *954-846-1812*

CR2E034 (10/97)