

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

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90067 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000062405**

1. Corporation Name
THE LAWN-A-RANGER, INC.



Principal Place of Business
 17571 N.W. 12 ST.
 PEMBROKE PINES FL 33029

Mailing Address
 17571 N.W. 12 ST.
 PEMBROKE PINES FL 33029

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
07/17/1997

4. FEI Number
65-0776737

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **5811 Castlegate Ave.**
 Suite, Apt. #, etc.
 22 **DAVIE, FL**
 City & State
 23 **33331**
 Zip
 24 **33331** Country **USA**

2a. Mailing Address
 26 **5811 Castlegate Ave**
 Suite, Apt. #, etc.
 27 **DAVIE, FL**
 City & State
 28
 Zip **33331** Country **USA**

9. Name and Address of Current Registered Agent
GOMEZ, JOHN A
17571 N.W. 12 ST.
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent
 81 Name **JOHN A. Gomez**
 82 Street Address (P.O. Box Number is Not Acceptable)
5811 Castlegate Ave
 83
 84 City **DAVIE** FL 85 Zip Code **33331**

11. Pursuant to the provisions of Sections 607.0501 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: *John A. Gomez* DATE: **4/21/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, JOHN A	1.2 NAME	Gomez, John A
STREET ADDRESS	17571 N.W. 12 ST.	1.3 STREET ADDRESS	5811 Castlegate Ave
CITY-ST-ZIP	PEMBROKE PINES FL 33029	1.4 CITY-ST-ZIP	DAVIE, FL 33331
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, LINDA J	2.2 NAME	Gomez, Linda J.
STREET ADDRESS	17571 N.W. 12 ST.	2.3 STREET ADDRESS	5811 Castlegate Ave
CITY-ST-ZIP	PEMBROKE PINES FL 33029	2.4 CITY-ST-ZIP	DAVIE, FL 33331
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *John A. Gomez* DATE: **4/21/99** TELEPHONE: **954 680-5861**

CR2E034 (1/98)