

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Aug 26 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 # **P97000064390 (2)**  
 1. Corporation Name  
**P. C. LAWN SERVICE, INC.**



Principal Place of Business 11990 SW 119TH ST. MIAMI FL 33186	Mailing Address 11990 SW 119TH ST. MIAMI FL 33186
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
23	24	28	29
Zip	Country	Zip	Country
25	29	30	

3. Date Incorporated or Qualified <b>07/25/1997</b>	
4. FEI Number <b>65-0789971</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>GOMEZ, CESAR</b> <b>328 CRANDON BLVD., STE. 202</b> <b>KEY BISCAYNE FL 33149</b>	

10. Name and Address of New Registered Agent	
B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	B5 Zip Code
	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RILEY, PATRICK J</b>	1.2 NAME	
STREET ADDRESS	<b>11990 SW 119TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RILEY, CATHY</b>	2.2 NAME	
STREET ADDRESS	<b>11990 SW 119TH ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARA, CARLOS</b>	3.2 NAME	
STREET ADDRESS	<b>11990 SW 119TH ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	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	

Signature: \_\_\_\_\_ DATE: **8/13/98**

**800002625798**  
**-08/26/98--01083--047**  
**\*\*\*158.75**

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: \_\_\_\_\_

CR2E034 (5/98)

**MEMO**

*PRJ*

**DATE:** 08/13/98

**TO:** DEPARTMENT OF STATE -  
ANNUAL REPORT FILINGS

**FROM:** P.C. LAWN SERVICE, INC.

**RE:** ANNUAL RENEWAL.

ON AUGUST 3, 1998 I RECEIVED THIS NOTICE OF RENEWAL. THIS STATES THAT THIS IS THE SECOND NOTICE, HOWEVER WE HAVE NEVER RECEIVED THE FIRST NOTICE. I CALLED YOUR OFFICE TODAY TO QUESTION WHY. I WAS ADVISED TO SEND THIS LETTER OF EXPLANATION TO YOU ALONG WITH THE COMPLETE FORM WITH MY CHECK FOR \$150.00 FOR RENEWAL.

IF YOU NEED FURTHER INFORMATION, FEEL FREE TO CALL ME AT (305) 271-4555. THANK YOU.

SINCERELY,



**PAT RILEY**  
**OWNER/PRESIDENT**