

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).

PROFIT CORPORATION
 ANNUAL REPORT
 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 OCT 20 PM 3:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P97000081306 (7)
 1. Corporation Name
 L.S.A. LAWN ENFORCEMENT, INC.

Principal Place of Business Mailing Address
 1431 COUNTY LINE ROAD 1431 COUNTY LINE ROAD
 OAK HILL FL 32759 OAK HILL FL 32759

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 09/19/1997
 4. FEI Number
 52-2044693 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional
 Fee Required
 6. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution Added to Fees
 8. This corporation owes or has paid the current year Intangible
 Personal Property Tax due June 30. Yes No

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

9. Name and Address of Current Registered Agent
 WASILESKI, CARL
 507 PALM AVENUE
 TITUSVILLE FL 32796

10. Name and Address of New Registered Agent
 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 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
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 PD LAMATTINA, WILLIAM POST OFFICE BOX 6220 TITUSVILLE FL 32782 DELETE
 VD SHANK, KELLY 1431 COUNTY LINE ROAD OAK HILL FL 32759 DELETE
 STD AGEE, JEFFREY D 2862 EPP BIVINGS DRIVE TITUSVILLE FL 32796 DELETE
 NAME STREET ADDRESS CITY-ST-ZIP DELETE
 NAME STREET ADDRESS CITY-ST-ZIP DELETE
 NAME STREET ADDRESS CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME 600002674596--2
 1.3 STREET ADDRESS -10/28/98--01067--016
 1.4 CITY-ST-ZIP ****550.00 ****550.00
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS B 10/2/98 98AN
 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.

SIGNATURE: _____ REQUIRED

CR2E034 (5/98)