Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90046 030 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000015676

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

V. GONZ	(ALEZ LAWN SERVICE, INC	<b>)</b> .							
Principal Place	e of Business	Mailing Address		<del></del>	-	I (Briting) tin initit (att ne	III Adiil ooku ool		0810 811 1081
3637 S.E. 2ND CT. 3637 S.E. 2ND CT.									
BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435			•			- DO NOT	NOITE IN THE	S SPACE	
						3. Date Incorporated or Qual		OOFACE	
						02/17/1998			
Dain ain al Bla	ace of Business	2a. Mailing Address		<del></del>		4. FEI Number		Apr	plied For
<del>-</del>	ace of business	26				65-084	1909	. ——	t Applicable
Suite, Apt. 1	#. etc.	Suite, Apt. #, etc.	<del></del>					\$8.75 A	Additional
22	.,	27				5. Certifcate of Status Desire	ed 🗆	Fee Re	quired
City & State	e	City & State				6. Election Campaign Finance	ing 🗆	\$5.00	· · · · · · · · · · · · · · · · · · ·
23		28				Trust Fund Contribution	<u></u>	Added t	o Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the	current year I		l
24	25		30			Personal Property Tax.	Da alatara	Yes	□No
	9. Name and Address of Curre	nt Registered Agent	8	1 Name	<del></del> -	10. Name and Address of N	ew Registere	a Agent	
GOM	IZALEZ, ISABEL		ľ	, ,,					
	' S.E. 2ND CT.		8	2 Street	t Addres	ss (P.O. Box Number is Not Ac	ceptable)		ļ
	NTON BEACH FL 33435		8	3					
DOTT	WON BEACHTE SO ISS		Ľ	_					
			8	4 City			F	85 Zip (	Code
44 Bussiant	to the provisions of Sections 607.050	02 and 607 1508. Florida Statute:	s the abo	ve-name	d corpor	ration submits this statement fo	the nurnose	of changing its	registered
office or re	to the provisions of Sections 607.051 registered agent, or both, in the State im familiar with, and accept the obligation in the provisions of Sections 607.051 m familiar with, and accept the obligation for the control of the c	ot Florida. Such change was au	Knorizeu D	w the con	poration	's board of directors, I hereby a	scept the app	ointment as re	gistered
agent. I ai	m ramiliar with, and accept the obliga	ations of, Section 607.0505, From	ida Siaibit	35.					
agent. I ai				55.	required t	when reinstating)	DATE		
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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 either like empowered.

6.4 CITY-ST-ZIP

SIGNATURE X

561-7366683