FILE 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 # P98000029801

1. Corporation Name

LAWN CARE BY JULIAN, INC.

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90136 020 ***150.00



	<u> </u>				
Principal Place of Business Mailing Address					
1929 BW 49 AVE 1929 BW 49 AVE					
COCONUT CREEK FL 33063 COCONUT CREEK FL 33063					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					03/30/1998
* - · · · · · · · · · · · · ·		To Maille Address			4, FEI Number Applied For
2. Principal Pl	ace of Business	2a. Mailing Address			65-0825.3(Y) Not Applicable
21 1424	NU 49 ME	20 0145			
Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required
27					
					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 COCC	Country	28	Country		8. This corporation owes the current year Intangible
I Zip	□ 21/V₂2	29 30	,		Personal Property Tax.
24	9. Name and Address of Current				10. Name and Address of New Registered Agent
	5. Hanne zing Address of Current	registered Agein	81	Name	
JUL	AN, JAMES J				
1929 BW 49 AVE			82	Street	at Address (P.O. Box Number is Not Acceptable)
COC	ONUT CREEK FL 33063		83	•	
ı	•		84	City	FL 85 Zip Code
14 December 15 Sections 607 0602 and 607 1509. Elegida Statutes the above named conversion submits this statement for the gurnose 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 LIME 1. Delice - JAMES J. JULIAN 4/10/99					
	Signature, typed or printed name of registered agents			t signature r	e required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
TITLE	PD /	_	1.1 TITLE		Cualife — Vacinou
NAME	JULIAN, JAMES J		1.2 NAME		
STREET ADDRESS	1929 NW 49 AVE.	Į ¹	1.3 STREET	ADDRESS	s
CITY-ST-ZIP	COCONUT CREEK FL 33063		1.4 CITY-S1	T-ZIP	
TITLE	VPD	☐ DELETE 2	2.1 TITLE		VPD Change Addition
NAME	MENENDEZ, JOSEPHINE F	12	2.2 NAME		JULIAN, JOSEPHINE F.
STREET ADDRESS	1929 NW 49 AVE.		2.3 STREET	ADDRESS	COCONUT CREEK FL 33063
CITY-ST-ZIP	COCONUT CREEK FL 33063			T-ZIP	COCONUT CREEK FL 33003
TITLE		☐ DELETE 3	3.1 TITLE		☐ Change ☐ Addition
NAME		3	3.2 NAME		
STREET ADDRESS		;	3.3 STREET	ADDRESS	s
CITY-\$T-ZIP			3.4. CITY-S	T-ZIP	
TIFLE		☐ DELETE	4.1 TTLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	,	4	4.3 STREET	ADDRESS	s
CITY-ST-ZIP			4.4 CITY-ST	r-ZIP	
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS		1	5.3 STREET		s
CITY-ST-ZIP			5.4 CITY-ST	r-ZIP	
TITLE		☐ DELETE 6	6.1 TITLE		☐ Change ☐ Addition
NAME ;		€	6.2 NAME		
STREET ADDRESS	i vinno politico de la compania de En la financia de la compania de la	6	6.3 STREET	ADDRESS	s
4 3-1					1

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: