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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90273 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000051329

1. Corporation Name
 PRO-1 Lawn Service Company

Principal Place of Business Mailing Address
 8520 Southwest 133 Ave Rd
 Miami, FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 June 9, 1998

2. Principal Place of Business	2a. Mailing Address
21 9800 SW 132nd Terr Suite, Apt. #, etc.	26 9800 S W 132nd Terr Suite, Apt. #, etc.
22 City & State Miami, FL	27 City & State Miami, FL
23 Zip Country 33176 US	29 Zip Country 33176 US

4. FEI Number 65-0842444	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
 AmeriLawyer
 343 Almeria Avenue
 Coral Gables, FL 33134

10. Name and Address of New Registered Agent

81 Name James N. Bradford, Jr.
82 Street Address (P.O. Box Number is Not Acceptable) 2100 W 76th Street
83 Suite 211
84 City Hialeah, FL
85 Zip Code 33016

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 James N. Bradford, Jr. DATE 4/23/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	PSTD
STREET ADDRESS	Glover, Charles T
CITY-ST-ZIP	8520 Southwest 133rd Ave Rd Miami, FL 33186
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Glover, Paula
1.3 STREET ADDRESS	9800 S W 132nd Terr
1.4 CITY-ST-ZIP	Miami, FL 33176
2.1 TITLE	VP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Glover, Charles Todd
2.3 STREET ADDRESS	12310 S W 115th Terr
2.4 CITY-ST-ZIP	Miami, FL 33186
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Paula Glover PAULA GLOVER P/T 4/26/99 305-871-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (1/98)