FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000019552 (6)

1. Corporation Name

Z LAWN CARE INC.

Principal Place of Business	Mailing Address
1604 N PARK RD HOLLYWOOD FL 33021	1604 N PARK RD HOLLYWOOD FL 33021

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

3. Date Incorporated or Qualified: 03/14/1994
3a. Date of Last Report:

4. FEI Number: 65-0471768 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation is liable for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOGGS, BRIAN K 516 W OAKLAND PARK BLVD FT LAUDERDALE FL 33311	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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	ZAREMBA, ALAN	12 NAME	
STREET ADDRESS	1604 N PARK RD	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	ZAREMBA, CATHY	22 NAME	
STREET ADDRESS	1604 N PARK RD	23 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☒ Change ☐ Addition
NAME	MORGAN, MICHAEL	32 NAME	Delete
STREET ADDRESS	4435 NW 97TH TER	33 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Alan Zaremba ALAN ZAREMBA 4/28/95 (305)434-1114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003744 CP