FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # S95911 (1)

1. Corporation Name

SEBASTIAN'S TROPICAL LAWN MAINTENANCE, INC.

Principal Place of Business
2 SERVICE LANE
OCEAN REEF CLUB
NORTH KEY LARGO FL 33037-3751

Mailing Address
2 SERVICE LANE
OCEAN REEF CLUB
NORTH KEY LARGO FL 33037-3751

3. Date Incorporated or Qualified: 11/21/1991
3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0296857 — Applied For / Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

DECKER, MICHAEL K
15600 S.W. 288 STREET
COMMUNITY PLAZA, SUITE 306
HOMESTEAD FL 33033

10. Name and Address of New Registered Agent

81 Name: MARYELLEN PEARSON
82 Street Address (P.O. Box Number is Not Acceptable): 912 S. JADE DR.
83
84 City: KEY LARGO FL
85 Zip Code: 33037

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: MARYELLEN PEARSON (Signature, typed or printed name of registered agent and title if applicable) — Maryellen Pearson (NOTE: Registered Agent signature required when registered) — DATE: 4-3-96

12. OFFICERS AND DIRECTORS

TITLE	PTD	[ ] DELETE
NAME	PEARSON, MARYELLEN	
STREET ADDRESS	2 SERVICE LANE, OCEAN REEF CLUB	
CITY-ST-ZIP	NORTH KEY LARGO FL 33037-3751	
TITLE	VSD	[X] DELETE
NAME	LENTINI, STANLEY P	
STREET ADDRESS	2 SERVICE LANE, OCEAN REEF CLUB	
CITY-ST-ZIP	NORTH KEY LARGO FL 33037-3751	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		
6.4 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)(k), 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: Maryellen Pearson MARYELLEN PEARSON — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4-3-96 (Date) — (305) 367-3167 (Daytime Phone #)

CR2E034 (12/95)