

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 01 1998 8:00am
 Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1998



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

DOCUMENT # P96000076529 (2)
 1. Corporation Name

LAWN BARBER ENTERPRISES, INC.



Principal Place of Business: 1261 SW 103RD AVE, PEMBROKE PINES FL 33025
 Mailing Address: 1261 SW 103RD AVE, PEMBROKE PINES FL 33025

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (25-28) fields with sub-sections for Suite, City & State, and Zip/Country.

3. Date Incorporated or Qualified: 09/13/1996
 4. FEI Number: 65-0695497
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [] No [x]

9. Name and Address of Current Registered Agent: AMERILAWYER CHARTERED, 343 ALMERIA AVENUE, CORAL GABLES FL 33134

10. Name and Address of New Registered Agent (81-84): Name: ROSS R. REUNING, Street Address: 1261 SW 103 AVE, City: Pembroke Pines, FL 33025

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: [Signature] DATE: 9-13-98

12. OFFICERS AND DIRECTORS	
TITLE: DVST NAME: REUNING, ROSS R STREET ADDRESS: 1261 SW 103RD AVE CITY-ST-ZIP: PEMBROKE PINES FL 33025	<input type="checkbox"/> DELETE
TITLE: DP NAME: REUNING, VIVIAN M STREET ADDRESS: 1261 SW 103RD AVE CITY-ST-ZIP: PEMBROKE PINES FL 33025	<input type="checkbox"/> DELETE
TITLE: [] NAME: [] STREET ADDRESS: [] CITY-ST-ZIP: []	<input type="checkbox"/> DELETE
TITLE: [] NAME: [] STREET ADDRESS: [] CITY-ST-ZIP: []	<input type="checkbox"/> DELETE
TITLE: [] NAME: [] STREET ADDRESS: [] CITY-ST-ZIP: []	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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.

SIGNATURE: [Signature] DATE: 9-13-98 (954-462-5296)

CR2E034 (5/98)