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 # **365242** **(7)**

1. Corporate Name

VANGUARD PEST CONTROL CO., INC.

Principal Place of Business

1050 NW 163 DR
MIAMI FL 33169

Mailing Address

1050 NW 163 DR
MIAMI FL 33169

3. Date Incorporated or Qualified: **06/05/1970**

3a. Date of Last Report: **04/14/1995**

4. FEI Number: **59-1360262** [ ] Applied For [ ] Not Applicable

5. Check if Change of Street Address [ ] **$8.75** Additional Fee Required

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

8. The corporate tax liability, if any, is payable under s. 199.032 Fla. Stat.? [ ] Yes [ ] No

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 County 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City, & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

LEVAN, JAY
1050 NW 163 DR
MIAMI FL 33169

10. Name and Address of New Registered Agent

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 Section 607.325, Florida Statutes, the above corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is aware that any false information submitted in a document to the Department of State for filing may be punishable pursuant to s. 817.155, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	TD	[ ] DELETE
NAME	LEVAN, PEARL	
STREET ADDRESS	1050 NW 163 DR	
CITY, ST, ZIP	MIAMI FL	
TITLE	PD	[ ] DELETE
NAME	LEVAN,JAY	
STREET ADDRESS	1050 NW 163 DR	
CITY, ST, ZIP	MIAMI FL	
TITLE	VD	[ ] DELETE
NAME	LEVAN, LORETTA	
STREET ADDRESS	1050 NW 163 DR	
CITY, ST, ZIP	MIAMI FL	
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

[ ] Change	[ ] Add
[ ] Change	[ ] Add
[ ] Change	[ ] Add
[ ] Change	[ ] Add
[ ] Change	[ ] Add
[ ] Change	[ ] Add

CR2E034 (12/95)

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 of this report or in any attachment as an officer or director.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 1-305-620-1313