

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 13 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **495385** (7)
1. Corporation Name
INTER-CITY EXTERMINATORS, INC.

Principal Place of Business Mailing Address
2417 SW 59TH AVENUE MIAMI FL 33155 **2417 SW 59TH AVENUE MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified: **05/11/1976**
3a. Date of Last Report: **01/21/1994**

21. Principal Place of Business 1120 SW 134 PL	2a. Mailing Address 1120 SW 134 PL
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State MIAMI FL	28. City & State MIAMI FL
24. Zip 33184	25. Country DADE
29. Zip 33184	30. Country DADE

4. FEI Number: **59-1668813** 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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
RODRIGUEZ, EMILIO
~~**2417 SW 59TH AVENUE MIAMI FL 33155**~~

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
1120 SW 134 PLACE
83. **MIAMI**
84. City **MIAMI** FL 85. Zip Code **33184**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	RODRIGUEZ, JOSE
STREET ADDRESS	2500 SW 60CT
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	PD
NAME	RODRIGUEZ, EMILIO
STREET ADDRESS	2500 SW 60CT
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	SD
NAME	RODRIGUEZ, EMILIO JOSE
STREET ADDRESS	2500 SW 60 CT
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1120 SW 134 PLACE
1.4 CITY-ST-ZIP	MIAMI FL 33184
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1120 SW 134 PLACE
2.3 STREET ADDRESS	MIAMI FL 33184
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1120 SW 134 PLACE
3.3 STREET ADDRESS	MIAMI FL 33184
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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, changed, or on an attachment with an add-on.

SIGNATURE: *Emilio Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR
EMILIO RODRIGUEZ

1/25/95 305-225-3051
Date Date of Filing