

ANNUAL REPORT

1995

Division of Corporations
 Sandra B. Stephens
 Secretary of State

FILED

95 APR 21 AM 8:22

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**

DOCUMENT # 508716 (8)

1. Corporation Name

CORAL SPRINGS LAWN MOWER CENTER, INC.

Principal Place of Business

**4380 N.W. 102ND WAY
 CORAL SPRINGS FL 33065-2376**

Mailing Address

**4380 N.W. 102ND WAY
 CORAL SPRINGS FL 33065-2376**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/10/1976

3a. Date of Last Report

04/04/1994

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1680137

Applied For

Not Applicable

5. Certificate of Incorporation/Qualification

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under S. 190.032,

Florida Statutes

☒ **Yes** ☐ **No**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VECCHIO, JOSEPH A. JR.
 2501 E. COMMERCIAL BLVD.
 FT. LAUDERDALE FL**

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PTD

NAME

RUIZ, VIVIAN K

STREET ADDRESS

4380 N.W. 102ND WAY

CITY - ST - ZIP

CORAL SPRINGS FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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CITY - ST - ZIP

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

☐ **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. 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:

Vivian K. Ruiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95

305-753-3690