

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 # **508716** (8)

1. Corporation Name

CORAL SPRINGS LAWN MOWER CENTER, INC.



Principal Place of Business

Mailing Address

~~4300 N.W. 102ND WAY -~~
CORAL SPRINGS FL 33065

~~4300 N.W. 102ND WAY -~~
CORAL SPRINGS FL 33065

2. Principal Place of Business

2a. Mailing Address

21 **11905 NW 35 ST**

26 **11905 NW 35 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **CORAL Springs**

27 **CORAL Springs,**

City & State

City & State

23 **FL**

28 **FL**

Zip

Country

Zip

Country

24 **33065**

25 **USA**

29 **33065**

30 **USA**

9. Name and Address of Current 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. Thereby 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 this filing please

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	PTD	<input type="checkbox"/> DELETE
2. NAME	RUIZ, VIVIAN K	
3. STREET ADDRESS	4300 N.W. 102ND WAY - 11905 NW 35 ST	
4. CITY-STATE-ZIP	CORAL SPRINGS FL 33065	
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY-STATE-ZIP	
5. 5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 6. NAME	
7. 7. STREET ADDRESS	
8. 8. CITY-STATE-ZIP	
9. 9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. 10. NAME	
11. 11. STREET ADDRESS	
12. 12. CITY-STATE-ZIP	
13. 13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 14. NAME	
15. 15. STREET ADDRESS	
16. 16. CITY-STATE-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:

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

4/3/96
DATE

954-753-3690
DAYTIME PHONE #

CR2E034 (12/95)