FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 637434

(2)

Mailing Address

TAMARAC LAWN SERVICE, INC.

FILED Jul 01 1997 8:00am Secretary of State



7300 NW 84TH STREET TAMARAC FL 33321				7309 NW 84TH STREET TAMARAG FL 33321-4881					
							3. Date Incorporated or Qualified 09/25/1979	3a. Date of Last R 01/22/1996	eport
2. Principal Pl	lace of Busines	2a. Mailing Add	2a. Mailing Address			4. FEI Number	Ap	plied For	
21		<u> </u>	26			59-1934545	No	of Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				□ \$8.75 /	Additional
22		27				5. Certificate of Status Desired	Fee Re	<u> </u>	
City & State	е		City & State	·			6. Election Campaign Financing	\$5.00 Added t	
23		0	28	Zip Country					
Zip	Country		h1	ê `		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24 25 25 25 Name and Address of Current			29				10. Name and Address of New Registered Agent		
0411			on registered Agent		8	1 Name	10. 11.	3	
	IAZARO, MIC					1			
	9 NW 84TH S IARAC FL 33:			B	Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
I FWN	HAIRIO I E CO				8	3			
					6	4 City		FL 85 Zip	Code
44 5		a of Castiana CO7.0	100 and 207 1500 Fla	ida Ctatuta	n the abo	vo popod co	rporation submits this statement for the p	nurpose of changing it	te registered
office or re	egistered agen	it, or both, in the Sta	ate of Florida. Such cha	mae was au	thorized I	by the corpor	ation's board of directors. I hereby accep	pt the appointment as	registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE								DATE	
	Signature, typed or		agent and title if applicable ND DIRECTORS	(NOTE:	13.	gent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICE		IS IN 12
12.	PTD	OFFICERS F		DELETE	1.1 TUTUE		ADDITIONS/OTIANGES TO OTTE	Change	Addition
TITLE	CANAZARO	MICHAEL	البيا	DECEN	l.	i			
NAME		84TH STREET			1.2 NAM				
STREET ADDRESS						E1 ADDRESS			
CITY-ST-ZIP	TAMARAC,	PL 00000		DELETE	1.4 CITY			Change	Addition
TITLE			السا	DELETE	2.1 71716				L_1 AUGINON
NAME					2.2 NAM				
STREET ADDRESS					2.3 STRE	ET ADORESS			I
CITY-ST-ZIP						- \$1- ZIP			
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NAME					3.2 NAM				
STREET ADDRESS					3.3 STRE	ET ADDRESS		•	İ
CITY-ST-ZIP					3.4. C(1)	- ST-ZIP			
TITLE				DELETE	4.1 TITLE			Change	Addition
NAME					4. 2 NAN	E			
STREET ADORESS					4.3 STRE	ET ADDRESS			
CITY-ST-ZIP					4.4 CITY	- ST - 2 IP			
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NAME					5.2 NAM	£			
STREET ADDRESS					5.3 STRE	ET ADDRESS			
CITY-ST-ZIP					5.4 CITY	-ST-ZIP			
TITLE				DELETE	6.1 1ITL			Change	Addition
NAME					6.2 NAM	.			
STREET ADDRESS						ET ADDRESS			
CITY-ST-ZIP					64 CITY				
3111 311411	J								

14. I do 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 change II, or on an attachment with an address.