


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

FILED

Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G00053** (0)

1. Corporation Name  
**BITTER BLUE LAWN & GARDEN, INC.**

Principal Place of Business  
**7780 TAFT ST.  
PEMBROKE PINES FL 33024  
US**

Mailing Address  
**7780 TAFT ST.  
PEMBROKE PINES FL 33024  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/15/1982</b>	
4. FEI Number <b>59-2221731</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

**ENGEL, LORRAINE  
7750 TAFT ST. #4  
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

81 Name	<b>Leo Engel</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>Same as below 7750 Taft St #4</b>
83 City	<b>Pembroke Pines</b>
84 City	<b>Pembroke Pines</b>
85 Zip Code	<b>FL 33024</b>

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 *Leo Engel* DATE **3-6-93**

12. OFFICERS AND DIRECTORS

TITLE	<b>PSY</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ENGEL, LORRAINE</b>	
STREET ADDRESS	<b>7750 TAFT ST #4</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LEO ENGEL</b>	
1.3 STREET ADDRESS	<b>7750 TAFT ST #4</b>	
1.4 CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33024</b>	
2.1 TITLE	<b>V-P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ROBERT ENGEL</b>	
2.3 STREET ADDRESS	<b>4609 CHERRY RD</b>	
2.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>	
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MELISSA ENGEL</b>	
3.3 STREET ADDRESS	<b>4609 CHERRY RD</b>	
3.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>	
4.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>LORRAINE ENGEL</b>	
4.3 STREET ADDRESS	<b>7750 TAFT ST #4</b>	
4.4 CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33024</b>	
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 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 changed, or on an attachment with an address.

SIGNATURE *Melissa Engel* *Leo Engel* DATE **3-6-93 (954) 991-2626**

CR2E034 (10/97)