

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32304-0001

APPROVED
AND
FILED

DOCUMENT # **G05769**

(6)

55 MAY 11 AM 11:05

KACHUR LAWN SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office (City and State)		2a. Mailing Address		3. Date incorporated or qualified		3a. Date of Last Report	
106 NW SPANISH RIVER BLVD BOCA RATON FL 33431 US		106 NW SPANISH RIVER BLVD PO BOX 273244 BOCA RATON FL 33427-3244 US		10/22/1982		05/01/1994	
2. Principal Office Telephone	2a. Mailing Address	4. FFI Number	Applied For				
21	26	59-2225968	Not Applicable				
State App. #	State App. #	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
22	27						
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees			
23	28						
7. City	8. City	9. This corporation is authorized for interstate commerce under 52 USC 6101 Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHMIDT, PETER H. 400 SOUTH DIXIE HWY, STE 420 BOCA RATON FL 33432				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.0605 and 607.0606, 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 Sections 607.0605, Florida Statutes.

SIGNATURE _____ (Name of Registered Agent) _____ (Name of Registered Agent)

12. OFFICERS AND DIRECTORS				13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95			
1. NAME	PD KACHUR, DENISE	1. TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
2. STREET ADDRESS	1581 NW 10TH ST	2. NAME	Kachur, William M.				
3. CITY & STATE	BOCA RATON FL	3. STREET ADDRESS	1581 N.W. 10th St.				
4. CITY & STATE		4. CITY & STATE	Boca Raton, FL 33486-2010	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
5. NAME		5. NAME					
6. STREET ADDRESS		6. STREET ADDRESS					
7. CITY & STATE		7. CITY & STATE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
8. NAME		8. NAME					
9. STREET ADDRESS		9. STREET ADDRESS					
10. CITY & STATE		10. CITY & STATE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
11. NAME		11. NAME					
12. STREET ADDRESS		12. STREET ADDRESS					
13. CITY & STATE		13. CITY & STATE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the information stated in Sections 607.0605, Florida Statutes. I further certify that the information indicated on the 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 this corporation or the treasurer 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 of this report as an attachment with an address.

SIGNATURE: *Denise Kachur* Denise Kachur, Pres. 5/9/95 (407) 392-8332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR