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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Jan 21 1997 8:00am

Secretary of State

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## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H33687

(5)

AMAZON LAWN CARE, INC.

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Principal Place of Business Mailing Address					_							• • • • • • • • • • • • • • • • • • • •
135 TANGERINE TRAIL DELRAY BEACH FL 33444			AMAZON LAWN CARE 1314 SW 22ND AVE									
DELNAT BEAUT	1 FL 33444		DELRAY BEACH FL 33445-6233									
US							1 '	3. Date Incorporated or Qualified 12/12/1984		3a. Date of Last Report 02/16/1996		
2. Principal Pl	ace of Business		2a. Mailing	Address	<del></del>		1 "	l Number				plied For
21			26					59-2444076		_,		t Applicable
Suite, Apt. i	#. eta		F	pt #, etc.			5. C	ertificate of Status Des	ired		\$8.75 / Fee Re	
22			27 City & S									
City & State	,		— <u> </u>	olaiti			- 1	ection Campaign Finar	ncing		\$5.00 Added 1	
<b>23</b> Ζφ		Country	<b>28</b>     Zip		Count	rv		ust Fund Contribution is corporation has liab	vility for in			
24	25	Jodiniy	29		30	.,	""	orida Statutes		Yes		. 199.002,
24		Address of Curre	ent Registered Ag	jent				ame and Address of	New Reg	Istered Ag	jent	
RUD	JINSKI, WALTE	RF			8	1 Name	,					
	TANGERINE TE				<u> </u>	2 Street A	ddress (P.O	. Box Number is Not A	ccentah	e)		
	RAY BEACH FL				1	Z DIFOCI N	O. 1) 6691000	DOX Hamber to Hot A	ocopiasi	υ,		
DEL	IN DENOMINE				8	3	***************************************					
					9	4 City					<b>85</b> Zip	Code
					"	Oily				FL	63 Zip	Code
11, Pursuant t	to the provisions	of Sections 607.09	502 and 607.1508,	Florida Stati	utes, the abo	ve-named o	corporation s	ubmits this statement	for the pu	irpose of c	hanging it	s registered
office or re agent. Las	egistered agent, ( m familiar with, ar	or both, in the Sta nd accept the obli	ite of Florida, Such ligations of, Section	i change was n 607.0505, F	s autnorized Florida Statul	by the corpt es.	oration's boa	and of directors. I herek	by accep	i ine appor	HINTHOHIL BLS	registered
SIGNATURE		•										
SIGNATORE	Signature, typed or por	ded name of registered a	agent and bille if applicable		OTE Electrical A		noviend when en	- al-sti- al		DATE		
				e (NC	DIE: Hegistered A	gent signature r					<del></del>	
12.		OFFICERS A	ND DIRECTORS		13.			DITIONS/CHANGES T	O OFFIC	ERS AND [		
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Suzanne Budjinski