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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

FILED Apr 01 1998 8:00am Secretary of State

•	MENT # H615° ENER LIFE LAWN MAINTE	• •	PING,	Jan Se		610) 810) 810) 810) 811)
Principal Place of Business Mailing Address						B/A/1 E(0/) 4/0/) 4(0)) 100)
BOX 1333 BOX 1333 SAN ANTONIO FL 33576 SAN ANTONIO FL 33576						
					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	I
9 Principal Pl	lace of Business	2a. Mailing Address			06/12/1985 4. FEI Number	Applied For
21 26					Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				59-2653725	\$8.75 Additional	
27		27			5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the cur	rent year Intangible
24	25	29	30			Yes No
	g. Name and Address of Curi	ent Registered Agent			10. Name and Address of New Registered	Agent
NOURY, HARVEY			81	Name		J
P O BOX 1333			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
SAN ANTONIO FL 33576			<u></u>			
			83			1
			84	City		85 Zip Code
41 Durant to the granizion of Castings (07 07 00 and 007 1700 Charles					<u> </u>	
office or re	to the provisions of Sections 607.0 egi ster ed agent, or both, in the Sta	te of Florida. Such change was	es, the above authorized by	the corpo	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the app	changing its registered pointment as registered
agent. La	m familiar with, and accept the ob	igations of, Section 607.0505, Fl	orida Statutes	3.		
SIGNATURE	Signature, typed or printed name of registered	acent and trie P applicable (NO)	F Benistered And	ni sinnali ire re	quired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PDS				300 and ANE	Change Addition
NAME	NOURY, HARVEY		1.2 NAME	İ		
STREET ADDRESS	4801 37TH ST S			ADDRESS	ST. PETERSBURG	
CITY-ST-ZIP	ST. PETERSBURG FL		14 City-S	T - ZIP		
TITLE		☐ DÉL ete	21 TITLE		•	Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		ĺ
CITY-ST-ZIP			2. 4 CITY - S	T-ZIP		
TITLE			3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP		☐ DELETE	3.4. CITY - S	T-ZIP		Change Addition
TITLE		□ betere	4.1 TITLE	1		Change Changing
NAME			4. 2 NAME	ADDRESS		j
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP TITLE	• • • • • • • • • • • • • • • • • • •		4.4 CITY - S 5.1 TITLE	1- YIF		Change Addition
NAME			52 NAME	1		
STREET ADDRESS			5.3 STREET	ATIONES		
CITY-ST-ZIP			5.4 CITY-S			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME		<u> </u>	6.2 NAME	1		
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST			

14. Thereby 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: HONOUL

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