

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Aug 28 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J11067 (2)**

1. Corporation Name  
**KEBE EXECUTIVE LAWN SERVICE, INC.**



Principal Place of Business 847 N.W. 7TH STREET 101 BOCA RATON FL 33486 US	Mailing Address 847 N.W. 7TH STREET 101 BOCA RATON FL 33486 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>BOCA RATON</b>	2a. Mailing Address 26 <b>847 N.W. 7 ST</b>
22 Suite, Apt. #, etc.	27 <b>BOCA RATON,</b>
23 City & State <b>FL</b>	28 <b>FL</b>
24 Zip <b>33486</b>	30 Country <b>US</b>

3. Date Incorporated or Qualified <b>04/24/1986</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>59-2678928</b>	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KEBE, KEITH ALAN**  
**1161 NW 13TH ST**  
**BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEBE, MAX T</b>	1.2 NAME	
STREET ADDRESS	<b>847 N.W. 7TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>700002281667--5</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>-08/29/97--01114--005</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed or on an attachment with an address.

*MAX T KEBE*  
 8/28/97

CFR2034 (4/97)

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*Kebe Executive Landscape, Inc.*

P.O. Box 273687, Boca Raton, Florida 33427-3687  
391-0331

Florida Dept. of State  
Annual Report Section  
P.O. Box 6327  
Tallahassee, Fl. 32314

Dear Annual Report Representative,


I am writing to you as a follow up to my phone call to you at (904) 488 9000, where I called to inquire why I have received a second notice of my annual report packet with a huge payment due. I called because I was curious as to why the amount was so high this year as opposed to previous years? I was informed that the amount due was \$165.00 at one point and that I am being charged a penalty amount of \$550.00.

I am hereby asking you to please reconsider the amount with the penalty, and grant me the opportunity to pay the \$165.00 that was asked for in the first packet that I did never receive. In the past several years I have been prompt in getting these payments to you at your request. I know how important timely payments are to you so I have made it my practice to comply in a timely fashion.

I am sending a check for the amount of \$165.00 as instructed by your agent I spoke to on the telephone. I deeply hope that you will accept this payment and extend some leniency toward me and my company based on the successful payment history in the past several years, regarding the expensive penalty.

Thank you!

Sincerely,



Max T. Kebe  
(President / Kebe Executive Lawn Service Inc.)