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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT** #

J19819

(8)

LAWNS ALIVE INC

FILED Apr 18 1997 8:00am Secretary of State

Principal Piac 1908 BLOSSON MAITLAND FL	I LANE	Mailing Address 1908 BLOSSOM LANE MAITLAND FL 32751-353	9		
				3. Date Incorporated or Qualified 06/16/1986	3a. Date of Last Report
21 /724 Sulte, Apt	iace of Business Timo CUAN MAY #, etc.	28. Mailing Address 26 P.O. Box Suite, Apl. #, etc.	520785	4. FEI Number 59-2717375 5. Certificate of Status Desired	D5/01/1996 Applied For Not Applicable \$8.75 Additional
City & State	9.4.1 61	City & State	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 <u>L</u> onge 24 3275	Country 25 Senivole	28 Longwood 29 32752	Country 30 Serie sol-e	8. This corporation has liability for	
11. Pursuant office or ri agent. I a				NAWOSA Poralion submits this statement for the ation's board of directors. I hereby acce	
12,	Signature, typed or printed name of registered ages OFFICERS AND	····	of E: Registored Agent signature request. 13.	uired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
TITLE NAME	PTD CROSS, RANDY L.	DELETÉ	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP	1908 BLOSSOM LANE MAITLAND FL		1.3 STREET ADDRESS 1.4 CHY-ST-ZIP		_
NAME STREET ADDRESS	SD CROSS, KRISTINE A. 1908 BLOSSOM LANE MAITLAND FL	DELETE	22 NAME 23 STREET ADDRESS	id landy L. Cross 124 Timochan Way ongwood FC. 32	Change X Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	-maji Datu Ti	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	1000	Change Addition
TITLE NAME STREET ADDRESS		☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.4 CIYY-ST-ZIP 5.1 YILLE 5.2 NAME 5.3 STREET AUDRESS		☐ Change ☐ Addition
CITY-\$1-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP	y certify that the information supplied	with this filing does not qual	6.4 CITY - S1 - ZIP	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the

ils annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under of of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ock) 3 if changed, or on an attachment with an ad<u>dr</u>ess.