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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # J25855

A-1 LAWN AND LANDSCAPING, INC.

(4)

FILED Mar 24 1997 8:00am Secretary of State



Principal Plac	c of Business	Mailing Address					
2600 NW 106 A CORAL SPRING		2600 NW 106 AVE. CORAL SPRINGS FL 33065	2600 NW 106 AVE. CORAL SPRINGS FL 33065-3715				
					3. Date Incorporated or Qualified 07/25/1986	3a. Date of Last 05/01/1996	
2. Principal P	tace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2722256		Not Applicable
Suite Apt	#, etc	Suite, Apt. #, etc.	****		5. Certificate of Status Desired	□ \$8.75	Additional
22		27			b. Certificate of Status Desired	Fee	Required
City & State	Ð	City & State			6. Election Campaign Financing	\$5.0	May Be
23		28			Trust Fund Contribution	Adde	d to Fees
Z(ρ	Country	Zip	Countr	У	8. This corporation has liability for		s. 199.032,
24	25	29	30			Yes No	
· ·		of Current Registered Agent	81	1	10. Name and Address of New Re	gistered Agent	
	KINS, KENNETH		101	Name			
	NW 108 AVE		82 Street Ad		ddress (P.O. Box Number is Not Acceptable)		
COR	IAL SPRINGS FL 33065			ļ			
			83				
			84	City		85 Zi	p Code
					poration submits this statement for the p	FL T	-
agent La SIGNATURE	m familiar with and accept	the obligations of Section 607.0505, Floring-Section agent and technique to the personal involves the contract to the contract			olred when ronstating)	DATE	
12.		CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	ORS IN 12
101	PS	☐ DELETE	1.1 TITLE			☐ Changi	e 🔲 Addition
NAME	Perkins, Kenneth		1.2 NAME				
STREET ADORESS	2600 NW 106 AVE.		1.3 STREE	T ADDRESS			
CHY ST ZIE	CORAL SPRINGS FL		1.4 CITY -	ST-ZIP			
10114		☐ DELETE	2.1 TITLE			Change	e 🔲 Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS	•		
CILY-ST-ZIF			2. 4 CITY-	ST-ZIP	J		
10111		DELETE	3.1 TITLE			Change	a Addition
NAME			3.2 NAME				
STEEL FADORESS			3 3 STREE	ADDRESS			
City SE-20			3.4. CITY-	ST-ZIP	***************************************		
TIFE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME		•		
STREET ADDRESS			4.3 STREE	I AODRESS			
CITA- 21, 146			44 CHY-	ST - ZIP	W		
DILE		☐ DELETE	51 TITLE			Change	e Addition
NAME			5.2 NAME				
SAREET ADDRESS			5 3 STREE	ADDRESS			
C/Tr - \$1 - 7/P			5.4 CiTY-:	ST - ZIP			
TULE		☐ DELETE	61 TIILE			Change	Addition
NAME			6.2 NAME				
STHEEL ADDRESS			6.3 STREE	r Address			
City CL 700			0.45070				

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 armual 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 10 of changed, or on an attachment with an address.

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR