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PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 FEB -3 AM 11:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J30534 (8)

1. Corporation Name
U. S. LAWN, INC.



Principal Place of Business

**369 MEARS BLVD
OLDSMAR FL 34677
US**

Mailing Address

**369 MEARS BLVD
OLDSMAR FL 34677-3048
US**

3. Date Incorporated or Qualified 08/26/1986	3a. Date of Last Report 03/12/1996
4. FEI Number 59-2706954	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4777 Old Winter Garden Rd.	2a. Mailing Address 26 24121 Ventura Boulevard
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Orlando, FL	28 City & State Calabasas, CA
24 Zip 32711	25 Country USA
29 Zip 91302	30 Country USA

9. Name and Address of Current Registered Agent

**MOERCHEN, TODD L
3528 GREENGLEN CIR
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

81 Name
Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

83

84 City
Tallahassee

85 Zip Code
FL 32301

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: *M. Galstian* Corporation Service Company by **1-31-97**
Signature (typed or printed name of registered agent and title if applicable) **M. Galstian, Asst. Secretary** DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME OYLER, THOMAS L	
STREET ADDRESS 951 N LAKE SYBELIA	
CITY - ST - ZIP MAITLAND FL	
TITLE VPD	<input checked="" type="checkbox"/> DELETE
NAME MOERCHEN, TODD	
STREET ADDRESS 3528 GREENGLEN CIR	
CITY - ST - ZIP PALM HARBOR FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME JAFFEE, CABOT	
STREET ADDRESS 951 COTTONTAIL LANE	
CITY - ST - ZIP MAITLAND FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME GANZ, THOMAS	
STREET ADDRESS 737 HOLLYWOOD BLVD	
CITY - ST - ZIP HOLLYWOOD FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Bruce K. Wilson	
1.3 STREET ADDRESS 24121 Ventura Boulevard	
1.4 CITY - ST - ZIP Calabasas, CA 91302	
2.1 TITLE V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Pamela S. Stark	
2.3 STREET ADDRESS 24121 Ventura Boulevard	
2.4 CITY - ST - ZIP Calabasas, CA 91302	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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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.

SIGNATURE: *Bruce K. Wilson* **Bruce K. Wilson, President 1/24/95 (818) 223-8500**
Signature (typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (9/96)