

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 21 1997 8:00am
Secretary of State

DOCUMENT # J39733 (7)
1. Corporation Name
A CUT ABOVE A LAWN AND TREE SERVICE, INC.



Principal Place of Business Mailing Address
% JOHN A. LEWIN
5405 NW 102ND AVE., BAY 217
SUNRISE FL 33351
US

3. Date Incorporated or Qualified 10/28/1986
3a. Date of Last Report 01/25/1996
4. FEI Number 59-2737154
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 10875 NW 52 Street
Suite, Apt. #, etc.
22 SUITE #4
City & State
23 SUNRISE, FLORIDA
Zip Country
24 33351 25 USA
26 10875 NW 52 Street
Suite, Apt. #, etc.
27 SUITE #4
City & State
28 SUNRISE, FLORIDA
Zip Country
29 33351 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIN, JOHN A
5405 NW 102ND AVE., BAY 217
SUNRISE FL 33351

1. Name JOHN A LEWIN
2. Street Address (P.O. Box Number is Not Acceptable)
10875 NW 52 STREET
3. SUITE #4
4. City SUNRISE FL 33351

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME LEWIN, JOHN
STREET ADDRESS 1877 N.W. 108TH TERR.
CITY-ST-ZIP CORAL SPRINGS FL
TITLE V
NAME GOUZ, RONALD
STREET ADDRESS 6376 NW 72ND PLACE
CITY-ST-ZIP PARKLAND FL
TITLE S
NAME VING, BARRY
STREET ADDRESS 233 N.W. 123RD WAY
CITY-ST-ZIP CORAL SPRINGS FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: RONALD GOUZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 954 753-6080
Date Daytime Phone #

CR2E034 (9/96)