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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # J67601 (1) 1. Corporation Name CUTRITE LAWN MAINTENANCE, INC.		



Principal Place of Business C/O SCOTT LEWIS JOHNSON 1811 BELL SHONS ROAD BRANDON FL 33511 US	Mailing Address % SCOTT LEWIS JOHNSON 1811 BELL SHONS ROAD BRANDON FL 33511
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2. Principal Place of Business 21 1911 BELL SHOALS Suite, Apt. #, etc. 22 City & State 23 Zip 24 33527	2a. Mailing Address 26 4720 DOVERCLIFF CT. Suite, Apt. #, etc. 27 City & State 28 DOVER, FL. Zip 29 33527	3. Date Incorporated or Qualified 04/10/1987	3a. Date of Last Report 05/01/1996	4. FEI Number 59-2855789	Applied For 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
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9. Name and Address of Current Registered Agent JOHNSON, SCOTT LEWIS 1911 BELL SHALS RD. BRANDON FL 33511	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4720 DOVERCLIFF CT. 83 84 City DOVER FL 85 Zip Code 33527
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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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	JOHNSON, SCOTT LEWIS	1.2 NAME	
STREET ADDRESS	1911 BELL SHOALS RD.	1.3 STREET ADDRESS	4720 DOVER CLIFF CT.
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	DOVER, FL. 33527
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE:  SCOTT L. JOHNSON 3-27-97 813 684-2145

CR2E034 (9/96)