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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(1)

## **FILED** May 04 1998 8:00am Secretary of State

Principal Place of Business  8680 SW 16TH 3T PEMBROKE PINES FL 33025 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 04/15/1988  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 04/15/1988  2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 04/15/1988  4. FEI Number S5-0100562 Suite, Apt. #, etc. 5. Certificate of Status Desired   \$8.75 Additions Fee Required City & State City & State City & State City & State 2. Country 2. To Country 3. This corporation were or has paid the current year Intangible Personal Property Tax due June 30.   Yes   No 9. Name and Address of Current Registered Agent  WALLS, HERBERT B 3880 &W 16TH ST PEMBROKE PINES FL 33025  11. Pursuant to the provisions of Sections 607.0502 and 607 1508, Florida Statutes, the abover-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or preted name of registered agent and feet #application.  MOIT Registered Agent signature required when reinstating) CATE  CATE  Applied FC  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 04/15/1988  4. FEI Number  65-0100562  5. Certificate of Status Desired 65-0100562  5. Certificate of Status Desired 6. Election Campaign Financing 7 Trust Fund Contribution 7 Added to Fees 8. This corporation were or has paid the current year Intangible Personal Property Tax due June 30.   Yes   No 9. State of Country 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607.0502 and 607 1508, Florida Statutes, the abover-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or preted name of registered agent and ther #application.  (NOTE Registered Agent signature requ		'S LAWN SERVICE, INC.				
PEMBROKE PINES FL 33025 US  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified Q4/15/1988  2. Principal Place of Business 2e. Mailing Address 4. FEI Number 65-0100562 Not Applied Fc Suite, Apt. #, etc. 27  Suite, Apt. #, etc. 27  City & State 28  City & State 29  29  20  Country 28  Country 29  29  30  Personal Property Tax due June 30.	Principal Plac	ce of Business	Mailing Address		***************************************	lat miðtt átilt fintt mintt ététt iblit
2. Principal Place of Business 2. Mailing Address 3. FEI Number 65-0100562 Suite, Apt. #, etc. 5. Certificate of Status Desired 7. Suite, Apt. #, etc. 7. City & State 8. File Country 8. Trust Fund Contribution 8. Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of New Registered Agent 8. This corporation submits this statement for the purpose of changing its register 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 register agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statules.  SIGNATURE  Signature typed or prefet agent of registered agent and the Fapilication (NOTE Registered Agent signature required when reinstating)  CATE	PEMBROKE PINES FL 33025 PEMBROKE PINES FL 3		025	DO NOT WRITE IN 1	THIS SPACE	
21 Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  And Address of Current Registered Agent  WALLS, HERBERT B  8860 \$W 16TH ST  PEMBROKE PINES FL 33025  28 Street Address (P.O. Box Number is Not Acceptable)  City  City  City  Country  Added to Fores  B1 Name  B2 Street Address (P.O. Box Number is Not Acceptable)  Street Address of Organization of Country  B3 Zip Code  City  City  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  B3 Name and Address of New Registered Agent  City  City  FL  B5 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register of green 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.  SIGNATURE  Signature, lysed or resided mane of registered agent and the # applicable (NOTE Registered Agent sgralute required when reinstating)  DATE						
Suite, Apt. #, etc.    Suite, Apt. #, etc.   27		Place of Business	2a. Mailing Address			Applied For
27 City & State City & State City & State City & State 28 Country 29 Country 29 State 29 State Country 29 State 29 State Country 20 Country 20 Country 21 Country 22 State 29 State Country 29 State Country 29 State Country 29 State Country 20 Country 20 Country 20 Country 21 Country 22 State 29 State Country 29 State Country 20 Country 20 Country 21 Country 22 State 29 State 29 State 29 State 29 State 29 State 20 Name and Address of New Registered Agent City 20 Street Address (P.O. Box Number is Not Acceptable)  20 Street Address (P.O. Box Number is Not Acceptable)  21 City 25 Street Address (P.O. Box Number is Not Acceptable)  26 Street Address (P.O. Box Number is Not Acceptable)  27 Street Address (P.O. Box Number is Not Acceptable)  28 Street Address (P.O. Box Number is Not Acceptable)  29 Street Address (P.O. Box Number is Not Acceptable)  20 Street Address (P.O. Box Number is Not Acceptable)  21 Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  27 Street Address (P.O. Box Number is Not Acceptable)  28 Street Address (P.O. Box Number is Not Acceptable)  29 Street Address (P.O. Box Number is Not Acceptable)  29 Street Address (P.O. Box Number is Not Acceptable)  20 Street Address (P.O. Box Number is Not Acceptable)  29 Street Address (P.O. Box Number is Not Acceptable)  20 Street Address (P.O. Box Number is Not Acceptable)  20 Street Address (P.O. Box Number is Not Acceptable)  20 Street Address (P.O. Box Number is Not Acceptable)  21 Street Address (P.O. Box Number is Not Acceptable)  20 Street Address (P.O. Box Number is Not Acceptable)				·	65-0100562	Not Applicable.
City 8 State  28  29  Country  Country  Zip  Country  Zip  Country  Signature  Registered Agent  WALLS, HERBERT B  8660 SW 16TH ST  PEMBROKE PINES FL 33025  81  Name  82  Street Address (P.O. Box Number is Not Acceptable)  83  84  City  City  Country  85.00 May Be  Trust Fund Contribution  Added to Fees  85.00 May Be  Trust Fund Contribution  Registered Agent intendigible  Personal Property Tax due June 30. Yes No  No  Name and Address of New Registered Agent  Name  82  Street Address (P.O. Box Number is Not Acceptable)  FL  85  Zip Code  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 register 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 register agent. I am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes.  SIGNATURE  Signature, typed or persistered agent and the Papplicable (NOTE Registered Agent signature required when reinstaling)  DATE	22		27		5. Certificate of Status Desired	
Signature   Sign	City & Stat	te	City & State		· · · · · · · · · · · · · · · · · · ·	\$5.00 May Be
Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  WALLS, HERBERT B  8660 SW 16TH ST  PEMBROKE PINES FL 33025  82 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  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 register 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 time if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	23			On units		
9. Name and Address of Current Registered Agent  WALLS, HERBERT B 8660 \$W 16TH ST PEMBROKE PINES FL 33025  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City  FL 85 Zip Code  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 register 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and blue if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				<b>–</b>	·	
WALLS, HERBERT B 8860 SW 16TH ST PEMBROKE PINES FL 33025  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City  FL 85 Zip Code  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 register 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, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, typed or printed harms of registered agent and time if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	<u> </u>			30		
Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83	W			61 Name		
PEMBROKE PINES FL 33025  83  84 City  FL 85 Zip Code  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 register 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and blief applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				00 0000	(D.O. Davidi sebasis Med Sacratable)	······
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SIGNATURE   Signature, typed or profed paner of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating) DATE				City		FL   S   ZIP COOP
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE		to the provisions of Sections 607.05 registered agent, or both, in the Stat arm familiar with, and accept the obli	502 and 607.1508, Florida Statute te of Florida. Such change was a gations of, Section 607.0505, Flo	es, the above-named corp uthorized by the corpora rida Statutes.	poration submits this statement for the purportion's board of directors. I hereby accept the	ose of changing its registered e appointment as registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Standard broad or recoled page of registered a				
			igent and the if applicable (NOTE	Registered Agent signature requ	red when reinstating) D	ATE
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		OFFICERS A	ND DIRECTORS	13.		AND DIRECTORS IN 12
	TITLE	PD S WALL, HERBERT B	ND DIRECTORS	13. 1.1 TITLE		AND DIRECTORS IN 12
WIT OF ALL	TITLE NAME	PD S WALL, HERBERT B 8660 SW 16 ST	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME		AND DIRECTORS IN 12
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CITY-ST-ZIP 5.4 CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SWALL, HERBERT B 8660 SW 16 ST PEMBROKE PINES FL VSTD WALLS, MELANIE D 8660 SW 16TH ST	ND DIRECTORS  DELETE  DELETE  DELETE	13.  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		S AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
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NAME 6.2 NAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWALL, HERBERT B 8660 SW 16 ST PEMBROKE PINES FL VSTD WALLS, MELANIE D 8660 SW 16TH ST	DELETE  DELETE  DELETE  DELETE	13.  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		Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
STREET ADDRESS 6.3 STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD SWALL, HERBERT B 8660 SW 16 ST PEMBROKE PINES FL VSTD WALLS, MELANIE D 8660 SW 16TH ST	DELETE  DELETE  DELETE  DELETE	13.  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		Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  1.4. I bereby 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii).	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD SWALL, HERBERT B 8660 SW 16 ST PEMBROKE PINES FL VSTD WALLS, MELANIE D 8660 SW 16TH ST	DELETE  DELETE  DELETE  DELETE	13.  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		Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition

Indicated on this annual roport or supplied with this limit does not dually for the exemption stated in Section 113.07(3)th, Florida Statutes. Indicates in indicated on this annual roport or supplemental annual roport 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.