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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K64959

1. Corporation Name
TURF MASTERS LAWN CARE, INC.

Principal Place of Business									
13770 EXOTICA LANE									
WEST PAIM REACH EL 33414									

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

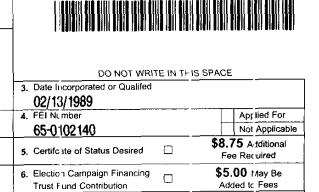
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13770 EXOTICA LANE WEST PALM BEACH FL 33414

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90186 047 ***150.00



MCCAULEY, STEPHEN E. 13770 EXOTICA LANE WEST PALM BEACH FL 33414

81	Name				
82	Street Acdress (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 registered office or registered agent, or bolh, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or printed ha ne of registered agent and title if applicable. (NOTI:: R	egistered Agent signature req	red when reinstation)		ATE	
12.	OFFICERS AND DIRECTORS	13.		INS/CHANGES TO OFFICE		S IN 12
TITLE	D DELETE	1.1 TITLÉ			Change	Addition
NAME.	MCCAULEY, STEPHEN E.	1.2 NAME				
STREET ADDRE 3S	13770 EXOTICA LANE	1.3 STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP				
TITLE	☐ DELETE	2 1 TITLE			Change	☐ Addition
NAME		22 NAME				
STREET ADDRE 3S		2.3 STREET ADDRESS				
CITY-ST-ZIP		2. 4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE			Change	Addition
NAME		32 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY- ST- ZIP				·
TITLE	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME		4 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4 4 CITY-ST-ZIP	<u> </u>			- <u></u>
TITLE	DELETE	5.1 TITLE			☐ Change	Addition
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CiTY-ST-ZiP		54 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME		6.2 NAME				
STREET ADDRESS		63 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY-ST-ZIP				

14. I 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 ε nnual 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 εxecute 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 attach pent with an address, with a lighter like empowered.

SIGNATURE:

SIGNATURE AND FRED OR HINTED NAME OF SIGNING OFFICER OR SIGNED

4/20/99 561 - 798 - 849
Date Daytine Phone #

CR2E034 (11/98)