SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DN OF CAR TRATIONS DOCUMENT KELETE LAWN & LANDSCAPING SERVICES INC. Mailing Address Principa! Place of Business % KEITH A. COKE % KEITH A. COKE 19740 NW 4TH AVENUE 19740 NW 4TH AVENUE MIAMI FL 33169 MIAMI FL 33169 3a. Date of Last Report 3. Date Incorporated or Qualified 03/13/1989 08/15/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business NOT APPLICABLE Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt # etc 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Flection Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation has liability for intangible tax under s. 199 032 Zip Country Florida Statutes Yes No 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COKE, KEITH A Street Address (P.O. Box Number is Not Acceptable) 19740 NW 4TH AVENUE 82 **MIAMI FL 33169** 83 85 Zip Code 84 City 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 lin the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reins strep) DATE Signature, typically, position name of registered agent and title if applicable (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Ade tion DELETE 11716 TITLE COKE, KEITH A 1.2 NAME CR2E034 NAME 19740 NW 4TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1 4 CHY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 2111116 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3 1 TITLE TITLE NAME 3 2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City - St - ZiP CITY-ST-ZIP Change Addition DELFTE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CHY - \$1 - ZiP CITY-ST-ZIP Change Addition DELETE 5 1 HILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 64 CiTY - ST- ZIP CITY-ST-7IP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(b). 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 617. Florida Statutes, and that my name appears in Block 13 if changed, or on an altachment with an address

SIGNATURE:

7/25/96 305-653-1490