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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

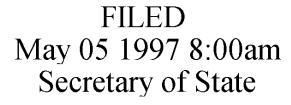
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

OCHMENT # KOOOA

101



1. Corporation	PEST CONTROL, INC. e of Business st AVE.	Mailing Address C/O JOYCE EILEEN RUBI 800 NW 76TH AVE. PLANTATION FL 33324-14		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		06/01/1989 4. FEI Number	04/29/1996 Applied For
Suite Ant. #, etc.		26		65-0127533	Not Applicable
Suite, Apr.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May 8e
Zφ	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30	Florida Statutes  10. Name and Address of New I	Yes No
DI 10	<ol> <li>Name and Address of Currer NN, JOYCE EILEEN</li> </ol>	nt Hegistered Agent	B1 Name	10 110 011	<u> </u>
600 NW 76TH AVE. PLANTATION FL 33324			B2 Street A B3 B4 City	Mark S. Rubil address (P.O. Box Number is Not Accept 600 N.W. 76th Plantation	able)
11. Pursuant office or agent. La	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida Such change was attended to the street of the section 607.0505, Fl	authorized by the corp oride partites	corporation submits this statement for the option's board of directors. I hereby account to the option of the opti	ept the appointment as registered  U-34-97  DATE
12.	OFFICERS AN	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFF	
NAME STREET ADDRESS COTY-ST-ZIP	RUBIN, JOYCE EILEEN 600 NW 76TH AVE. PLANTATION FL	( DELCTE	1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP		LI Change L. Addition
TITLE	Dres: Deut	DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	Rubin, Mark S 600 N. W. 76th I Plantation Fl	AUC.	2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	Plantation Fi	DELETE	2 4 City-SI-ZIP 3.1 TILE		Change Addition
NAME			32 NAME		:
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZiP		☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE NAME		□ Officit	4.1 TULE 4. 2 NAME		C CHANGE C NOUTION
STREET ADDRESS			4.3 STREET ADDRESS		1
C-TY+ST-ZIP			4.4 CTY-ST-ZIP		
TITLE		☐ DELETE	5.1 TFLE		Change Addition
NAME			5.2 NAME		
STREET APORESS			5.3 STREET ADDRESS		
CITY ST ZIP TITLE		DELETE	5.4 CTY-ST-ZIP 6.1 TITLE		Change Addition
NAME		bud schools	62 NAME		ama arimit Ro
STREET ADDRESS			63 STREET ADDRESS		
CITY -ST - ZIP			6.4 OTY-ST-ZIP		
	by certify that the information supplie	ed with this filing does not qual		ated in Section 119.07(3)(i). Florida Statu	ites. 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 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 chapter 60 on an attachment with an addless.

SIGNATURE: