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 # LA

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90004 011 ***150.00

1. Corporati	on Name # LOO/58	3					
	INTRON'S LAWN SERVICE,	INO					
FOIS C	INTRON'S LAWN SERVICE,	INC.					
					1 10010011 011 00111 00111 10001 01110 10110 1011		aidii birii 180
Principal Pla	ce of Business	Mailing Address		.		<u> </u>	
% LUIS CINTE		•					,
% LUIS CINTRON							
WEST PALM BEACH FL 33411 WEST PALM BEACH FL 3					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed	THO OF AGE	
					07/07/1989	•	
⊢ −	Place of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Ar	oplied For
21		26			65-0128242		ot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
City & Sta	ıte.	27 City 8 Ct-4-			5. Collingia of Grands Dosney	Fee Re	equired
23		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zip	Country	· · · · · ·	8. This corporation owes the current year		
24	25 29					☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	ed Agent	
CIN	TRON, LUIS		81	Name			
11886 52ND RD N			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33411-9039							
	5	•	83				
			84	City		85 Zip C	Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with, and accept the obligations of					F	<u> </u>	
office or r	registered agent, or both, in the State	of Florida. Such change was a	thorized by	the corporatio	pration submits this statement for the purpose in's board of directors. I hereby accept the app	of changing its pointment as rea	registered aistered
	am familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Statutes.				,
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agen	signature required	when reinstating) DATE		
12.					ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	<u> </u>		Change	Addition
NAME	CINTRON, LUIS		1.2 NAME			-	_
STREET ADDRESS			1.3 STREET	ADDRESS			
CITY-ST-ZIP	ROYAL PALM BEACH FL		1.4 CITY-ST	ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	CINTRON, PAMELA G.						
STREET ADDRESS	11886 52ND RD N		2.2 NAME				i
CITY-ST-ZIP	ROYAL PALM BEACH FL		2.2 NAME 2.3 STREET	ADDRESS :	and the second of the second o	e = e 1,50 e	
TITLE		C December	2.3 STREET. 2.4 CITY-ST		and the second s		-
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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 annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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, with all other like empowered.

SIGNATURE: