FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03700** **(6)**

1. Corporate Name

SARASOTA LAWN SPRINKLER SERVICE, INC.

Principal Place of Business

% RICK SKOYEC
P. O. BOX 21092
SARASOTA FL 34233-1041

Mailing Address

% RICK SKOYEC
P. O. BOX 21092
SARASOTA FL 34233-1041

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: **07/20/1989**	3a. Date of Last Report: **04/18/1994**
21	26	4. FEI Number: **65-0130605**	Applied For / Not Applicable
State, Agent # etc.	State, Agent # etc.	5. Certificate of Status Desired [ ]	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution [ ]	**$5.00** May Be Added to Fees
23	28		
24 / 25	29 / 30	8. This corporation has been, for changes to be made to Florida Statutes [ ] Yes [ ] No	

9. Name and Address of Current Registered Agent

SKOYEC, RICK
2938 EDGEWOOD AVE.
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1005, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered 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

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN '95	
1 TITLE	D	1 TITLE	[ ] Change [ ] Addition
1 NAME	SKOYEC, RICK	1 NAME	
1 STREET ADDRESS	2573 PORTLAND ST.	1 STREET ADDRESS	
1 CITY ST ZIP	SARASOTA FL	1 CITY ST ZIP	
2 TITLE	D	2 TITLE	[ ] Change [ ] Addition
2 NAME	BERGLUND, GEORGE	2 NAME	
2 STREET ADDRESS	1231 PATTISON AVE	2 STREET ADDRESS	
2 CITY ST ZIP	SARASOTA FL	2 CITY ST ZIP	
3 TITLE		3 TITLE	[ ] Change [ ] Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY ST ZIP		3 CITY ST ZIP	
4 TITLE		4 TITLE	[ ] Change [ ] Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	[ ] Change [ ] Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	[ ] Change [ ] Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this report is accurate and that this report 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 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 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Skoyec **5/7/95** **813-925-1583**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0455009 FP

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CORPORATION ANNUAL REPORT

1995

AMENDED FILED

DOCUMENT # L04804 (5)

1. L. A. M. S. HEALTH CARE CORPORATION

949 N.E. 62ND STREET
FORT LAUDERDALE FL 33334

Mailing Address:
949 N.E. 62ND STREET
FORT LAUDERDALE FL 33334

3. Date Incorporated: 07/27/1989 | 3a. Date of Last Report: 06/10/1994

4. FEI Number: 65-0134556 | Applied For | Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

2. Principal Office Address:
21. 5249 N.W. 33rd Ave. 6A
22.
23. Ft. Lauderdale, FL 33309
24. 25. Broward

2a. Mailing Address:
26. 5249 N.W. 33rd Avenue 6A
27.
28. Ft. Lauderdale, FL 33309
29. 30. Broward

9. Name and Address of Current Registered Agent

SCHLEIFER, STEVEN
1859 N. W. 93 WAY
PLANTATION 33322

10. Name and Address of New Registered Agent

81. Name: Schleifer, Steven
82. Street Address (P.O. Box Number is Not Acceptable): 1859 NW 93rd Way
83.
84. City: Plantation FL 85. Zip Code: 33322

11. Pursuant to the provisions of sections 607.0502 and 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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.

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
PD	LEWIS, LLOYD	949 N.E. 62ND STREET	FT. LAUDERDALE FL
VD	DARENTAS, LAZARUS	949 N.E. 62ND STREET	FT. LAUDERDALE FL
ST	SCHLEIFER, STEVEN	3090 N.W. 60TH AVENUE	SUNRISE FL
D	SCHLEIFER, STEVEN	3090 N.W. 60TH AVENUE	SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	
PD	Lewis, Lloyd	3209 Chrisland Drive	Annapolis, MD 21403	[X] Change [ ] Addition
V D	Darzentas, Lazarus	5249 N.W. 33rd Avenue	Ft. Lauderdale, FL 33309	[X] Change [ ] Addition
S T	Schleifer, Steven	5249 NW 33rd Avenue	Ft. Lauderdale, FL 33309	[X] Change [ ] Addition
D	Schleifer, Steven	5249 NW 33rd Avenue	Ft. Lauderdale, FL 33309	[X] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven Schleifer 5-16-95 (305) 777-0250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0237060 CP