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PROFIT
CORPORATION
ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 24 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L41349

(6)

GROUND CARE INCORPORATED

Principal Place C/O PETER K. 5491 SE 50TH STUART FL 34	CUEVAS DR.	5491 SE 50TH DR.	C/O PETER K. CUEVAS		Date incorporated or Qualified 3a. Date of Last Report			
					01/05/1990	06/19/1996		
2. Principal Place of Business 21		28. Mailing Address 26				4. FEI Number Applied For 65-0165757 Not Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired Section			
City & Stati	e	City & State			Election Campaign Financing Trust Fund Contribution		May Be	
Z(p)	Country 25	Zip 29	30 Co.	untry	This corporation has liability for Florida Statutes	intangible tax under] Yes 🏻 No	r s. 199.032,	
	9. Name and Address of	Current Registered Agent			10. Name and Address of New Re	gistered Agent		
CUE	VAS, PETER K.			81 Name				
5491 SE 50TH DR.				82 Street Add	eet Address (P.O. Box Number is Not Acceptable)			
STUART FL 34997				311001 701	bress (P.O. Box Number is Not Acceptable)			
				83				
				84 City			ip Code	
				84 City		FL 85 Zi	b Cooe	
11. Pursuant office or ragent La	to the provisions of Sections to registered agent, or both, in the an familiar with, and accept the familiar with, and accept the familiar with and accept the familiar with and accept the familiar with an accept the familiar with a familiar with a	307 0502 and 607, 1508, Florida State of Florida. Such change with the obligations of, Section 607,0505	atutes, the e as authorize , Florida Sta	bove-named co d by the corpor tutes.	rporation submits this statement for the patients board of directors. I hereby acce	surpose of changing at the appointment	g its registered as registered	
	Signature, typed or printed not in otheg	· · · · · · · · · · · · · · · · · · ·		d Agent signature req	ulred when reinstating)	DATE		
12.	OFFICE T DP	ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
THE	– •	DELETE	1.1 7			Chang	je 🔲 Addition	
NAME	CUEVAS, PETER K.		1.2 N	i i				
STREET ADDRESS	5491 SE 50TH DRIVE STUART FL		1	TREET ADDRESS				
CITY-S1-7#	S S S	DO ETC		ITY-ST-ZIP		Chan	a Addition	
TITLE	CUEVAS, DIANNE	∐ DELETE	21 T	ì		☐ Chang	e L. Addition	
NAME	5491 S.E. 50TH DRIVE		22 N					
STREET ADDRESS	STUART FL			TREET ADDRESS				
CDY-SI-ZIP	SIDANIIL	DELETE	3.17	DITY-ST-ZIP	······································	Chang	e Addition	
TITLE		ן הנוגרוג <u>ויין</u> הנוגרוג		Į .		L.J Oslany	M MOUNTAIN	
NAMi			3.2 N		ed .	•		
STREET ADDRESS				TREET ADDRESS				
CITY+ST-ZIP TITLE		DELETE	3.4. 0 4.1 Y	CITY-ST-ZIP		☐ Chang	ne Addition	
NAME		been		NAME		L. Driang	in Theories	
STREET ADDRESS				TREET ADDRESS				
Crity - St - 7IP Till E		DELETE	4.4 C	ITY-ST-ZIP		Chang	je Addition	
		En peren	5.2 N		47	o.ung	in Figure 1	
NAME CIDERT ADDRESS			1	Ϋ́				
STREET ADDRESS				TREET ADDRESS				
COLY - ST - ZIP TITLE		DELETE	5.4 C	iTY-ST-ZIP		Chang	ge Addition	
		E.J MECHE	6.2 h	ľ		والماات فسيها	, La radical	
NAME Oxotes associate								
STREET ADDRESS	1		6.33	TREET ADDRESS				

City-St-Zip

14. I do 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 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 expand an attachment with an address.

eter Cuevas