

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

FILED

**Jan 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L53876 (3)
1. Corporation Name
GRASSCUTTERS II PROPERTY MAINTENANCE, INC.



Principal Place of Business 9771 E PEBBLE CREEK CT INVERNESS FL 34450 US	Mailing Address P O BOX 2513 INVERNESS FL 34450 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Zip
25 Country	28 Country

3. Date Incorporated or Qualified 03/01/1990	
4. FEI Number 59-2996511	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BURNS, SUSAN
9771 E PEBBLE CREEK CT
INVERNESS FL 34450**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

10. Name and Address of New Registered Agent

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, 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PDD	<input type="checkbox"/> DELETE
NAME	BURNS, PATRICK	
STREET ADDRESS	9771 E PEBBLE CREEK CT	
CITY - ST - ZIP	INVERNESS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BURNS, SUSAN	
STREET ADDRESS	9771 E PEBBLE CREEK CT	
CITY - ST - ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *[Signature]* **SUSAN BURNS** *[Signature]* **Jan 19 1998 (852) 344-8141**

CR2E034 (10/97)