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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # L60493 (8)ABAÇO LAWN INC. Principal Place of Business Mailing Address 22127 WOODSET WAY % RAYMOND FISCHER **BOCA RATON FL 33428** 22127 WOODSET WAY BOCA RATON FL 33428-3830 3. Date Incorporated or Qualified 3a. Date of Last Report 03/28/1990 04/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0191019 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FISCHER, RAYMOND 22127 WOODSET WAY **B2** Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33438** 83 84 City 85 Zip Code for the purpose of changing its registered by accept the appointment as registered 11. Pursuant to the provisions of Sections 607.0502 and 607.1505 Florida Statutes, the above-named corporation submits this office or registered agent, or both, in the state of Florida Such change was authorized by the corporation's board of direct agent. I am familiar with and according to obligations of Section 607.0505, Florida Statutes. **SIGNATURE** (NOT). Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 11 TITLE Change Addition FISCHER, RAYMOND NAME 1.2 NAME 22127 WOODSET WAY STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change Addition 2.1 11116 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 31 TILLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST-ZIP 4.4 CITY - \$1 - ZIP TITLE DELETE 5.1 TITLE Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 offect 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.

4-14-9

11-088-0148

FILED

Apr 21 1997 8:00am

Secretary of State