Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90035 043 \*\*\*150.00

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L72241

1. Corporation Name

A KUT ABOVE LAWN SERVICE, INC.

Principal Place	e of Business	Mailing Address				( <b>9</b> 11 <b>0</b> 11 10 014 11010 11411	DANNA HANY MARAKANA	<b>in then dob</b> il	Bilder Office FORE
2269 S. UNIVERSITY DRIVE		14430 SW 24TH ST.							
SUITE #278		DAVIE FL 33325			DO NOT WRITE IN THIS SPACE				
DAVIE FL 33324-5825 US				3 Date Inco	rporated or Qualife		J-ACL		
US					05/11/1	·	u		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Numb			T Ar	oplied For
21	ace of Duamess	26			65-0192			<del>`</del>	ot Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.						\$8.75	Additional
22		27			5. Certificate	of Status Desired		Fee R	equired
City & State	9	City & State		-	6. Election C	Campaign Financing	, L	•	May Be
23		28			Trust Fund	d Contribution		Added	to Fees
Ziρ	Country	Zip	Cour	try	•	oration owes the cu		ingible Xi¥es	□No
24	25	29	30		<del>,_</del> ,	Property Tax. d Address of New			LJINO
	9. Name and Address of Current	t Registered Agent		81 Name		d Address of New	registered	- agon	
CLA	USS, DAVID		Į						
	30 S.W. 24 ST.		İ	82 Street	t Address (P.O. Box No	umber is Not Accer	stable)		,
	IE FL 33325		ŀ	83	······				
	· - · · - · · · · · · · · · · · · ·		ļ					1421 30	0 4.
			i	84 City			FL	85 Zip	Code
								7 1	
11. Pursuant	to the provisions of Sections 607,0502	2 and 607.1508, Florida Statu	ites, the ab	ove-named	d corporation submits t	his statement for th	a numaca af	hanging its	s registered
11. Pursuant office or re	to the provisions of Sections 607 0507 egistered agent, or both, in the State of m familiar withs and agreed the obligat	2 and 607.1508, Florida Statu of Florida, Such change was tions of, Section 607.0505, Fl	ites, the ab authorized orida Statu	ove-named by the contest.	d corporation submits to poration's board of dire	ectors. I nereby acc	e purpose of eept the appoir	ument as re	s registered egistered
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the Oligat	of Florida, Such change was tions of, Section 607.0505, Fl	utes, the ab authorized lorida Statu 4 - CL	by the con les.	poration's board of dire	ectors. I nereby acc	a numaca af	ument as re	s registered egistered
office or re agent. I as SIGNATURE	egistered agent, or both, in the State of m familiar with, and ascept the obligat	of Florida, Such change was tions of, Section 607,0505, FI	authorized lorida Statu 4 - CL re: Registered	by the corp les. VSS	PLESIUEA  required when reinstating)	VT	e purpose of cept the appoir		agistered
office or re agent. I as SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligate of the obli	of Florida, Such change was tions of, Section 607.0505, Fl    The section 607.0505, Fl   Author of the framework of the frame	authorized lorida Statu 4 - CL  TE: Registered A	by the corples.  WSS	PLESIUEA  required when reinstating)	ectors. I nereby acc	e purpose of cept the appoir	D DIRECTO	ORS IN 12
office or re agent. I as	egistered agent, or both, in the State of m familiar with; and accept the obligate of the obli	of Florida, Such change was tions of, Section 607,0505, Fl	authorized orida Statu  4 - CL  (E: Registered / 13.	by the corples.  WSS  Agent signature	PLESIUEA  required when reinstating)	VT	e purpose of cept the appoir		agistered
office or reagent. I as SIGNATURE  12.  TITLE NAME	egistered agent, or both, in the State of m familiar with; and accept the obligate of the obli	of Florida, Such change was tions of, Section 607.0505, Fl    The section 607.0505, Fl   Author of the framework of the frame	authorized lorida Statu  4 - CL  TE: Registered / 13.  1.1 TITU  12 NAM	by the corples.  WSS  Agent signature	PLES / DEA a required when reinstating)  ADDITION:	VT	e purpose of cept the appoir	D DIRECTO	ORS IN 12
office or reagent. I at SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	egistered agent, or both, in the State of m familiar with; and accept the obligat signature, typed or printed name of registered agen OFFICERS AN PD CLAUSS, DAVID A 14430 SW 24TH ST	of Florida, Such change was tions of, Section 607.0505, Fl    The section 607.0505, Fl   Author of the framework of the frame	authorized lorida Statu 4 - CLJ FE: Registered / 13. 1.1 TITI 1.2 NAF	by the corples.  WSS  Agent signature  E  AE  EET ADDRESS	PLES / DEA a required when reinstating)  ADDITION:	VT	e purpose of cept the appoir	D DIRECTO	ORS IN 12
office or reagent. I at SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State or familiar with; and except the obligat signature. Speed or printed name of registered agen OFFICERS AND PD CLAUSS, DAVID A 14430 SW 24TH ST DAVIE FL	of Florida, Such change was tions of, Section 607.0505, Flund Community of the Florida of the Fl	authorized lorida Statu 4 - CL) TE: Registered / 13. 1.1 TITI 1.2 NAP 1.3 STR	by the corples.  LUSS  Agent signature  E  E  EET ADDRESS  Y-ST-ZIP	PLES / DEA a required when reinstating)  ADDITION:	VT	e purpose of cept the appoir	D DIRECTO	ORS IN 12
office or reagent. I at SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with; and except the obligat signature, typed or printed name of registered agent OFFICERS AND PD CLAUSS, DAVID A 14430 SW 24TH ST DAVIE FL	of Florida, Such change was tions of, Section 607.0505, Fl    The section 607.0505, Fl   Author of the framework of the frame	authorized lorida Statu 4 - CL 7E: Registered 7 13. 1.1 TITI 1.2 NAN 1.3 STF 1.4 CIT 2.1 TITI	by the corples.  Agent signature  E  AE  EET ADDRESS  Y-ST-ZIP	PLES / DEA a required when reinstating)  ADDITION:	VT	e purpose of cept the appoir	D DIRECTO	ORS IN 12
office or reagent. I at SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with; and except the obligat signature, typed or printed name of registered agen OFFICERS ANI PD CLAUSS, DAVID A 14430 SW 24TH ST DAVIE FL STD CLAUSS, CHERYL L.	of Florida, Such change was tions of, Section 607.0505, Flund Community of the Florida of the Fl	authorized Orida Statu  4 - CL  TE: Registered /  13.  1.1 TITI  1.2 NAM  1.3 STF  1.4 CIT  2.1 TITI  22 NAM	by the contest.  Gent signature  E  E  E  E  T  S  T  T  T  T  T  T  T  T  T  T  T	PLES / DE/ PLES / DE/ PROPERTY OF THE PROPERTY	VT	e purpose of cept the appoir	D DIRECTO	ORS IN 12
office or reagent. I as SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	egistered agent, or both, in the State of m familiar with; and except the obligat of the obligate of the oblig	of Florida, Such change was tions of, Section 607.0505, Flund Community of the Florida of the Fl	authorized Orida Statu  4	by the corplete.  Les.  Agent signature  E  E  E  E  E  E  E  E  E  E  E  E  E	PLES / DE/ PLES / DE/ PROPERTY OF THE PROPERTY	VT	e purpose of cept the appoir	D DIRECTO	ORS IN 12
office or reagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with; and except the obligat signature, typed or printed name of registered agen OFFICERS ANI PD CLAUSS, DAVID A 14430 SW 24TH ST DAVIE FL STD CLAUSS, CHERYL L.	of Florida, Such change was tions of, Section 607.0505, Flund Community of the Florida of the Fl	authorized Orida Statu  4	by the corplete.  Les.	PLES / UEA  REQUIRED When reinstating)  ADDITION:	VT	e purpose of cept the appoir	D DIRECTO	ORS IN 12
office or reagent. I as SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	egistered agent, or both, in the State of m familiar with; and except the obligat of the obligate of the oblig	of Florida, Such change was tions of, Section 607.0505, Flux Dawn Dawn of the floridation	authorized forida Statu 4 - CLJ FE: Registered / 13. 1.1 TITI 12 NAM 1.3 STR 1.4 CIT 2.1 TITI 22 NAJ 2.3 STF 2.4 CIT 2.4 CIT 2.4 CIT 2.4 CIT 2.5 CIT 2	by the corplete.  E. E	PLES / DE/ PLES / DE/ PROPERTY OF THE PROPERTY	VT	e purpose of cept the appoir	D DIRECTO	DRS IN 12  Addition
office or reagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with; and except the obligat of the obligate of the oblig	of Florida, Such change was tions of, Section 607.0505, Flux Dawn Dawn of the floridation	authorized forida Statu 4 - CLJ	by the corplete.  E. E	PLES / DEA  REQUIRED When reinstating)  ADDITION:	VT	e purpose of cept the appoir	D DIRECTO	DRS IN 12  Addition
office or ragent. I are signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	egistered agent, or both, in the State of m familiar with; and except the obligat of the obligate of the oblig	of Florida, Such change was tions of, Section 607.0505, Flux Dawn Dawn of the floridation	authorized  A	by the corp lets.  Lets	PLES / DEA  REQUIRED When reinstating)  ADDITION:	VT	e purpose of cept the appoir	D DIRECTO	ORS IN 12 Addition Addition
office or reagent. I as SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State of m familiar with; and except the obligat of the obligate of the oblig	of Florida, Such change was tions of, Section 607.0505, Flux Dawn Dawn of the floridation	authorized  A	by the corplets.  Les.	PLES / DEA  REQUIRED When reinstating)  ADDITION:	VT	e purpose of cept the appoir	D DIRECTO	DRS IN 12  Addition
office or reagent. I as SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with; and except the obligat of the obligate of the oblig	of Florida. Such change was tions of, Section 607.0505, Flux Date of America Visit and title if applicable. (NOT ID DIRECTORS DELETE DELETE	authorized forida Statu 4 - CLJ TE: Registered / 13. 1.1 TITI 12 NAM 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAM 3.3 STF 3.4 CIT 3.4 CIT 3.4 CIT 3.4 CIT 3.4 CIT 3.5 TITI 3.5 NAM 3.5 STF 3.4 CIT 3.4 CIT 3.5 TITI 3.5 NAM 3.5 STF 3.4 CIT 3.5 TITI 3.5 NAM	by the corplets.  Les.	PLES / DEA  REQUIRED When reinstating)  ADDITION:	VT	e purpose of cept the appoir	D DIRECTO	ORS IN 12 Addition Addition
office or reagent. I as SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with; and except the obligat of the obligate of the oblig	of Florida. Such change was tions of, Section 607.0505, Flux Date of America Visit and title if applicable. (NOT ID DIRECTORS DELETE DELETE	authorized diorida Statu 4 - CL) FE: Registered / 13. 1.1 TITI 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAM 3.3 STF 3.4. CIT 4.1 TITI 4.2 NAM	by the corplets.  Les.	PLES JUEN  Report of the production of the produ	VT	e purpose of cept the appoir	D DIRECTO	ORS IN 12 Addition Addition
office of reagent. I at agent. I at SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	egistered agent, or both, in the State of m familiar with; and except the obligat of the obligate of the oblig	of Florida. Such change was tions of, Section 607.0505, FI  A DAULD  It and title if applicable. (NOT)  ID DIRECTORS  DELETE  DELETE  DELETE	authorized  A	by the corplets.  Les.	PLES JUEN  Report of the production of the produ	VT	e purpose of cept the appoir	D DIRECTO Change Change	DRS IN 12  Addition  Addition
office of reagent. I at agent.	egistered agent, or both, in the State of m familiar with; and except the obligat of the obligate of the oblig	of Florida. Such change was tions of, Section 607.0505, Flux Date of America Visit and title if applicable. (NOT ID DIRECTORS DELETE DELETE	authorized  A	by the corplets.  Les.	PLES JUEN  Report of the production of the produ	VT	e purpose of cept the appoir	D DIRECTO	DRS IN 12  Addition  Addition
office of raggent. I at agent.	egistered agent, or both, in the State of m familiar with; and except the obligat of the obligate of the oblig	of Florida. Such change was tions of, Section 607.0505, FI  A DAULD  It and title if applicable. (NOT)  ID DIRECTORS  DELETE  DELETE  DELETE	authorized  A	by the corplets.  Les.	PLES JUEN  REQUIRED When reinstating)  ADDITION:	VT	e purpose of cept the appoir	D DIRECTO Change Change	DRS IN 12  Addition  Addition
office of reagent. I at agent.	egistered agent, or both, in the State of m familiar with; and except the obligat of the obligate of the oblig	of Florida. Such change was tions of, Section 607.0505, FI  A DAULD  It and title if applicable. (NOT)  ID DIRECTORS  DELETE  DELETE  DELETE	authorized  A	by the conjugative	PLES JUEN  REQUIRED When reinstating)  ADDITION:	VT	e purpose of cept the appoir	D DIRECTO Change Change	DRS IN 12  Addition  Addition
office of reagent. I at agent.	egistered agent, or both, in the State of m familiar with; and except the obligat of the obligate of the oblig	of Florida. Such change was tions of, Section 607.0505, FI  A DAULD  It and title if applicable. (NOT)  ID DIRECTORS  DELETE  DELETE  DELETE  DELETE	authorized  A	by the corplets.  Les.	PLES JUEN  REQUIRED When reinstating)  ADDITION:	VT	e purpose of cept the appoir	D DIRECTO Change Change Change	DRS IN 12  Addition  Addition
office of reagent. I at agent.	egistered agent, or both, in the State of m familiar with; and except the obligat of the obligate of the oblig	of Florida. Such change was tions of, Section 607.0505, FI  A DAULD  It and title if applicable. (NOT)  ID DIRECTORS  DELETE  DELETE  DELETE	authorized  A	by the conjugant signature  E  AE  EEET ADDRESS  Y-ST-ZIP  E  E  EEET ADDRESS  Y-ST-ZIP  E  E  EEET ADDRESS	PLES JUEN  REQUIRED When reinstating)  ADDITION:	VT	e purpose of cept the appoir	D DIRECTO Change Change	DRS IN 12  Addition  Addition

CITY-ST-ZIP 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 suppliemental 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, with all other like empowered.

6.3 STREET ADDRESS

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR