FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # L74311 (6)

APPROVED AND FILED

95 MAY -1 AM 9:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corporate Name: LAWNS-R-US, INC.

Principal Place of Business: % BRUCE M. MARGULIES, 16105 NE 18TH AVE, N MIAMI BEACH FL 33162

Mailing Address: % BRUCE M. MARGULIES, 16105 NE 18TH AVE, N MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1990

3a. Date of Last Report: 04/21/1994

4. FEI Number: 65-0197061 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business | 2a. Mailing Address

21 | 26

Suite, Apt. #, etc. 22 | 27

City & State 23 | 28

Zip 24 | County 25 | Zip 29 | County 30

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

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

8. This corporation has liability for intangible tax under S. 199 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARGULIES, BRUCE M.
16105 NE 18TH AVE
N MIAMI BEACH FL 33162

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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	PARKS, CLIFFORD G.	NAME	
STREET ADDRESS	1405 NE 138TH ST	STREET ADDRESS	14465 86th Road N.
CITY-ST-ZIP	N MIAMI FL	CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do 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)(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: Clifford Parks II — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-95 Date

(407) 793 2263 Daytime Phone #

0175060 CP