Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90154 031 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L96210

1. Corporation STRICTL	Y-NEAT LAWN AND YAR	D MAINTENANCE, INC.						
Principal Place	e of Business	Mailing Address					i Asam Amil Albi gibi gibi	i liteti alan taas
395 NW 23RD STREET 395 N.W. 23RD STREET BOCA RATON FL 33431 BOCA RATON FL 33431								
US US						DO NOT WRITE IN THIS SPACE		
				_		3. Date ncorporated or Qualifed 07/30/1990		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21		26				65-0210117		Nct Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		/\dditional Required	
City & Stat	e	City & State	State			6. Election Campaign Financing	,	May Be
23		28				Trust Fund Contribution	Added	d to Fees
Zip				Country		8. This corporation owes the current year Intangible		
24	25		30			Personal Property Tax.	Yes	_ No
	9. Name and Ad Iress of Cur	rent Registered Agent		81 Nan		10. Name and Address of New Regis	nei su Agent	-
HUR	LEY, DARLENE			ivan	ii c			
395		ſ	82 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)		Ì	
BOC	A RATON FL 33431		ŀ	83				
			-	84 City			85 Zig	Code
			}	84 City			FL OF	
SIGNATURE	m familiar with, and accept the obl Signature, typed or printed in the of registered OFFICERS				ure rec vired	d when reinstating ADDITIONS/CHANGES TO OFFICE	ATE RS AND DIRECT	TORS IN 12
TITLE	DP	☐ DELETE		1,1 TITLE			☐ Change	e 🔲 Addition
NAME	MORGAN, GREGORY		12 NA	12 NAME				ļ
STREET ADDR':SS			1.3 STF	REETADDRE	ss			
CITY-ST-ZIP	BOCA RATON FL		1.4 CIT	Y-ST-ZIP				
TITLE	DVST			-E			Change	e Addition
NAME	HURLEY, DARLENE		2.2 NAM					
STREET ADDRESS			2.3 STF	2.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		-	2.4 CITY-ST-ZIP				Addition
TITLE		☐ DELETE 3.1			-		Change	Addition
NAME			3.2 NA					
STREET ADDRI SS				REET ADDRE	SS			
CITY-ST-ZIP		☐ DELETE	4,1 TITI	Y-ST-ZIP	 		☐ Change	e Addition
TITLE		- Decere	4.2 NA		Ì			
NAME STREET ADDRESS			1	REETADDRE	22			
				Y-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 Till	_			Changi	e 🔲 Addition
NAME		_	5.2 NA					
STREET ADDRESS			5.3 STF	REET ADDRE	ss			.
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT	LE	\top		Change	e
NAME			6.2 NAJ	ME				İ
STREET ADDRESS			6.3 STF	REET ADDRE	SS			
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP				

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 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 changes for on an attactment with an address, with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICE TOR DIRECTOR