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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

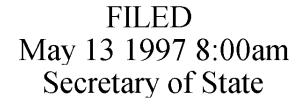
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M12020

(7)

CERTIFIED TURF MAINTENANCE, INC.

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Principal Place of Business Mailing Address					. ianingir int traid rider adera tifer delt miert biller billi filelt difft filet filet							
10200 NW 30TH CT. SUNRISE FL 33322				10200 NW 30TH CT. SUNRISE FL 33322-2000								
								3. Date Incorporated or Qualified 3a. Date of Last Report 11/25/1996				
2. Principal Place of Business 2a. Mailing Ad					ddress			4. FEI Number	Applied		Applied For	
21 Suite Apt # etc				26			<b>59-2559243</b> Not Applicable					
Sulte, Apt. #, etc.			27	· · · · · · · · · · · · · · · · · · ·				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State				City & State			6. Election Campaign Financing	7				
23 Zip		Country	28	7				Trust Fund Contribution		~	ed to Fees	
24	<u> </u>	25	-	Zip	Cour	ury		8. This corporation has liability for in	ntangible	tax unde	er s. 199.032,	
24)		and Address of	[29] Current Regis	tered Agent	30			Florida Statutes  10. Name and Address of New Reg	Yes [		·····	
BEN	METT, JOHN	· · · · · · · · · · · · · · · · · · ·	<u></u>	F		81	Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,		
	00 NW 30TH						Ot	(0.0				
	IRISE FL 333				l'	82	Street Add	lress (P.O. Box Number is Not Acceptab	le)			
					Ī	83			· <del></del>		••	
					-		0.1					
					'	84	City		FL	85 2	tip Code	
11. Pursuant	to the provision	ons of Sections 6	07.0502 and 6	07.1508, Florida Stat	lutes, the ab	ove-	named cor	poration submits this statement for the pr		changin	g its registered	
agent. I a	am familiar wit	ant, or both, in the h, and accept the	obligations of	da. Such change wa: f, Section 607.0505, I	s authorized Florida Statu	.py i ites.	the corpora	poration solutions this statement for the pi tion's board of directors. I hereby accep	t the appo	ointment	as registered	
SIGNATURE												
40	Signature, typed o	or printed name of regist				λβασι	l signaturc requ	ered where reinstating)	DATE			
12. TITLE	PD	OFFICE	RS AND DIREC	DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
NAME	BENNETT,	IOHN		DECENE	1.1 1/11					L Chang	ge 🔲 Addition	
-	4051 NW				1.2 NAN							
STREET ADDRESS	FT. LAUDE						DORESS					
CITY-ST-ZIP TITLE	STD	INDALL IL		DELETE	1.4 CITs 2.1 TITE		ZIP			Chang	ge Addition	
NAME	BENNETT,	ROBIN		ORCCIE	2.2 NAM					m cuant	je 🗀 Addillon	
STREET ADDRESS	4051 NW 3						DDRESS	·			ĺ	
CITY-ST-ZIP	FT. LAUDE				2 4 011							
TITLE				DELETE	3 1 1171		- 314.			Chang	ne Addition	
NAME					3.2 NAM		}			CT Olland	to ET MOUNTON	
STREET ADDRESS							DDRESS					
CITY-ST-ZIP					3 4. CIT							
TITLE				DELETE	4.1 THL		-=			Chane	ne Addition	
NAME					4. 2 NA	ME					,	
STREET ADDRESS					4.3 STR	EFT AI	DDRESS					
CITY-ST-ZIP					4.4 C(1)	r-\$1-	20P					
TITLE				DELETE	5.1 THTL					Chang	e Addition	
NAME					5.2 NAM	4E						
STREET ADDRESS					5.3 STR	ECT AI	DDRESS				ļ	
CITY-ST-ZIP		<del></del>			5.4 CITY	/- \$1-	78P					
TITLE	25			DELETE	6 1 TITu	F				Chang	e 🔲 Addition	
NAME					6.2 NAM	1E						
STREET ADDRESS					63 STRE	EET AI	DDAESS					
CITY-ST-ZIP	<u> </u>			<u> </u>	6.4 CITY	-SI-	Zif					
				<del></del>								

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 effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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:

1/17/07