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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

FLOR	Name NIDA TURF ANALYSTS, INC	) <b>9</b> 0 (8					
Principal Place	of Business	Maing Address				<b>e</b> ni <b>ag</b> ii albii <b>dia</b> ki i	TIBA BIBIL BIBIL BIBIL BE
% MICHAEL J. MOLENDA 7121 BAMBOO STREET MIAM: LAKES FL 33014		7121 BAMBOO ST	% MICHAEL J. MOLENDA 7121 BAMBOO STREET MIAMI LAKES FL 33014				
			••••		3. Date Incorporated or Qualified 04/16/1985	3a. Date of L	ast Report 01/1995
2. Principal Place of Business		2a. Maifing Address	3		4. FEI Number		Applied For
Suite, Apt. #, etc.		26	L		59-2530536		Not Applicable
2	r, 6tc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8.75 Additional
City & State		City & State	City & State		& Election Comparing Figure		Fee Required
3		28			Election Campaign Financing     Trust Fund Contribution		5.00 May Be Added to Fees
Ζιp	Country	Ζιρ	Country	,	8. This corporation has liability for		
4	25	29	30		Florida Statutes	: □No	
	g. Name and Address of Curre	nt Registered Agent		7	10. Name and Address of New F	Registered Ager	nt
MOLES	IDA ANGUARI I		81	Name			
	IDA, MICHAEL J.		82	Street Add	eet Address (P.O. Box Number is Not Acceptable)		
7121 BAMBOO STREET MIAMI LAKES FL 33014			83				
WRAMI	DANES PL 33014		83				
			84	City		FI 85	Zip Code
or registere	ed agent, or both, in the State of Flore	2 and 607.1508, Florida Stati da. Such change was author	utes, the above r rized by the corp	named corpor oration's boa	ration submits this statement for the pur	rpose of changing ointment as regis	g its registered office stered agent. Lags
familiar with	n, and accept the obligations of Sections of Sections of Sections of the sec	tion 607.0505, Florida Statut Land the rappidance	utes, the above rized by the corples  NUTE Registered Appril	Cration's boa	ard or alrectors. Thereby accept the appoint	rpose of changin ointment as regis	g its registered office stered agent. I am
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certry that the information indicated on this annual report or supplemental annual report is true and accurate and triat 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 Biock 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day, The Pholia, B.

SIGNATURE: \_

4/7/96 305-374 8226