

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M52110

(7)

1. Corporation Name

ARNOW'S PEST CONTROL, INC.



Principal Place of Business

Mailing Address

C/O GARY ARNOW
9811 N.W. 26 CT.
CORAL SPGS. FL 33065

C/O GARY ARNOW
9811 N.W. 26 CT.
CORAL SPGS. FL 33065

3. Date Incorporated or Qualified
05/14/1987

3a. Date of Last Report
02/03/1995

4. FEI Number
59-2806833

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 C/O GARY ARNOW

25 GARY ARNOW

Suite, Apt #, etc.

Suite, Apt #, etc.

22 12268 W. Sample Rd

27 12268 W. Sample Rd

City & State

City & State

23 Coral Springs, FL

28 Coral Springs, FL

Zip

Country

Zip

Country

24 33065

25 FL

29 33065

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARNOW, GARY
9811 N.W. 26 CT.
CORAL SPGS. FL 33065

81 Name

GARY ARNOW

82 Street Address (P.O. Box Number is Not Acceptable)

12268 W. Sample Rd

83

84 City

Coral Springs

FL

85 Zip Code

33065

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ARNOW, GARY
STREET ADDRESS 9811 N.W. 26TH CT.
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D
NAME ARNOW, CARROLL
STREET ADDRESS 9811 N.W. 26TH CT.
CITY-ST-ZIP CORAL SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Treasurer
Shawn Bauman
12268 W. Sample Rd
Coral Springs, FL 33065

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(3)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr

CR2E034 (3/96)