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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # M78919

1. Corporation Name

THE MIAMI LAWN MACHINE COMPANY

Principal Place of	of Business	Mailing Address		1				
16155 SW 117 AV	/E	16155 SW 117 AVE						
STE 20		STE 20						
MIAMI FL 33157-		MIAMI FL 33157-		DO NOT WRITE IN THIS SPACE				
US		us V		3. Date ir corporated or Qualifed				
	V			04/25/1				
2. Principa Plac	ce of Business	2a. Mailing Address		4. FEI Numb				lied For
21		26		65-0049845				Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		s Certifoate	of Status Desired	M	\$8.75 A	
		27		5. Continue of States Section 2			Fee Recuired	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
23		28		Trust Fun	d Contribution		Added to	Fees
Zip 🛪 🤿	Country	Zip 22177-	Country	8. This corpo	oration owes the curre		ngible ,	
<u></u> 20 33	25	29 571/3	30		Property Tax.			No
	9. Name and Address of Curre	nt Registered Agent		10. Name an	d Address of New Re	egistered A	gent	
			81 Name	HASHEN	1. FADI			
	em, fadi		82 Street Acd		umber is Not Acceptat	ole) 🔥		
9583 S.W. 168TH STREET			1 7		SW 117	ole) Aux		
MIAMI	FL 33157	ANDRESS CHAN	166 83	CTC	19			
		ANNESS CITY	<i>&gt;</i> >	<u> 516</u>	<u>_!</u>		11 0	
			1 1 1			FL	85 399	
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508. Florida Statutes	s, the above-named ccrp	poration submits t	his statement for the p	ourpose of c	hanging its r	egistered stered
office or reg	gistered agent, or both, in the State familiar with land accept the obliga	ct Florida, Such change was aut	nonzed by the corporation da Statutes.	on's board or tille	ctors. Thereby accept	t trie apt on to	100	, ,
11. Pursuant to the provisions of Scictions 607.0502 and 607.1508. Florida Statutes, the above-named or rooration submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of clirectors. I hereby accept the approximent as registers agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE								
SIGNATURE SI	Ignature, typed or printed a ne of registered age		Registered Agent signature require	ed when reinstating)		DATE?		
12.	OFFICERS A	NE) DIRECTORS	13.	ADDITION	S/CHANGES TO OFF	ICERS AND		
TITLE	P	☐ DELETE	1.1 TITLE		ADDR	(ES)	Change	Addition
NAME 1	HASHEM, FADI		1.2 NAME	1155	8 117	Ait	57E	19
STREET ADDRE	9583 S.W 168TH STREET )		1.3 STREET ADDRESS	6155	Sw 11 /	-	ر می رد ا	4
	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI ,	, FL	331	//	
TITLE	n'	☐ DELETE	2.1 TITLE	<del></del>			Change	☐ Addition
NAME			2.2 NAME					
			2.3 STREET ADDRÉSS					
STREET ADDRESS			2. 4 CITY-ST-ZIP					
CITY-ST-ZIP		☐ DELETE	3 1 TITLE				Change	Addition
TITLE			3.2 NAME				_ ,	
NAME								
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-ST-ZIP				☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE				change	
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP								1
			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	51 TITLE				Change	Addition
TITLE NAME		☐ DELETE	51 TITLE 52 NAME				Change	Addition
		☐ DELETE	51 TITLE				☐ Change	☐ Addition
NAME		☐ DELETE	5 1 TITLE 5 2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
NAME STREET ADORESS		☐ DELETE	51 TITLE 52 NAME 5.3 STREET ADDRESS				☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP			5 1 TITLE 5 2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP					

14. I hereby certify that the informa ion 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, or on an attack mention with an address, with all effect is the empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90229 017 \*\*\*158.75