

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # N95000001966 (9)

1. Corporation Name

CERTIFIED PEST CONTROL OPERATORS OF FLORIDA, INC



Principal Place of Business

Mailing Address

1859 NORTH PINE ISLAND ROAD
 SUITE 251
 PLANTATION FL 33322

1859 NORTH PINE ISLAND ROAD
 SUITE 251
 PLANTATION FL 33322

See Change

3. Date Incorporated or Qualified

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 6635 W. Commercial Blvd

26 6635 W. Commercial Blvd

22 Suite 219

27 Suite 219

23 Tamarac FL

28 Tamarac FL

24 33319 25 USA

29 33319 30 USA

4. FEI Number

Applied For

65-0572961

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEINBERG, STEVEN A ESQ.
 8000 PETERS ROAD
 PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	REISS, RICK	
STREET ADDRESS	1859 N. PINE ISLAND ROAD, SUITE 251	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EDELSTEIN, MEL	
STREET ADDRESS	P.O. BOX 25052	
CITY-ST-ZIP	TAMARAC FL 33320	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOFFER, LYNN	
STREET ADDRESS	11179 DELTA CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOFFER, ALLEN	
STREET ADDRESS	12329 N.W. 35TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARTLETT, AL	
STREET ADDRESS	3479 N. DIXIE HIGHWAY	
CITY-ST-ZIP	FOR LAUDERDALE FL 33334	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, BOB	
STREET ADDRESS	3181 N.E. THIRD AVENUE	
CITY-ST-ZIP	OAKLAND PARK FL 33334	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LYNN HOFFER	
1.3 STREET ADDRESS	11179 DELTA CR.	
1.4 CITY-ST-ZIP	BOCA RATON FL 33428	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RON DUES	
2.3 STREET ADDRESS	281 SW. BAERST	
2.4 CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DANIEL TENACE (N/A)	
3.3 STREET ADDRESS	P.O. BOX 8875	
3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33075	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	100001889141	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-07/10/96--01024--024	
5.3 STREET ADDRESS	***61.25	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lynn Hoffer
 LYNN HOFFER

6/12/96 (954)
 724-8806

070996 OR