

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001966 (9)
1. Corporation Name
CERTIFIED PEST CONTROL OPERATORS OF FLORIDA, INC



Principal Place of Business 6635 W COMMERCIAL BLVD SUITE 219 TAMARAC FL 33319	Mailing Address 6635 W COMMERCIAL BLVD SUITE 219 TAMARAC FL 33319
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3. Date Incorporated or Qualified 04/25/1995		
4. FEI Number 65-0572961	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOFFER, LYNN	
STREET ADDRESS	11179 DELTA CIR	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DUES, RON	
STREET ADDRESS	2581 SW BAER ST	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TENACE, DANIEL	
STREET ADDRESS	P.O. BOX 8875 N/A	
CITY-ST-ZIP	CORAL SPRINGS FL 33075	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOFFER, ALLEN	
STREET ADDRESS	12329 N.W. 35TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LIVINGSTON, GIL	
STREET ADDRESS	3440 NW 71ST STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. P. Miller	
1.3 STREET ADDRESS	229 Goolsby Blvd	
1.4 CITY-ST-ZIP	Deerfield Bch FL 33442	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Livingston, Gil	
2.3 STREET ADDRESS	3440 NW 71st Street	
2.4 CITY-ST-ZIP	Coconut Creek FL 33073	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hoffer, Lynn	
3.3 STREET ADDRESS	11179 Delta Circle	
3.4 CITY-ST-ZIP	Boca Raton FL 33428	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Spero, Gary	
4.3 STREET ADDRESS	23 Columbia Court	
4.4 CITY-ST-ZIP	Deerfield Bch FL 33442	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Cohen, Mary	
5.3 STREET ADDRESS	4791 SW 82 Ave #22	
5.4 CITY-ST-ZIP	Davie FL 33328	
6.1 TITLE	ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Edelstein, Mel	
6.3 STREET ADDRESS	6635 W Commercial Blvd #219	
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503, Florida Statutes, and 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, on an attachment with an address.

SIGNATURE: W. J. Miller **RECEIVED REQUIRED 1/17/98** 954/724-8806

CR2E037 (10/97)