

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000008219 (7)

1. Corporation Name

LAWNS PLUS, INC.

Principal Place of Business

6615 S.W. 47TH ST.
MIAMI FL 33155

Mail Address

6615 S.W. 47TH ST.
MIAMI FL 33155



2. Principal Place of Business

21 16451 SW 205 Ave. 26 P.O. Box 1727

State: April 1, 1996

27 State: April 1, 1996

City & State

City & State

23 Miami FL 28 Miami FL

Zip

Zip

County

County

24 33187 25 Dade 29 33197 30 Dade

9. Name and Address of Current Registered Agent

RESCIGNO, JUDY
6615 S.W. 47TH ST.
MIAMI FL 33155

81 Name

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

X 16451 SW 205 Ave.

83 City

X Miami

84 State

FL

85 Zip Code

X 33187

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, on both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am the officer and accept the obligation of Section 607.01, Florida Statutes.

SIGNATURE

Judy Rescigno

Signature of Registered Agent

Date

1-30-96

12. OFFICERS AND DIRECTORS

NAME POSITION

PT
RESCIGNO, MICHAEL
6615 SW 47TH ST.
MIAMI FL 33155

[] Delet

VS
RESCIGNO, JUDY
6615 SW 47TH ST.
MIAMI FL 33155

[] Delet

D
BARRY, JOHN J
6615 S.W. 47 STREET
MIAMI FL 33155

[] Delet

NAME POSITION

VS
RESCIGNO, JUDY
6615 SW 47TH ST.
MIAMI FL 33155

[] Delet

NAME POSITION

VS
RESCIGNO, JUDY
6615 SW 47TH ST.
MIAMI FL 33155

[] Delet

NAME POSITION

VS
RESCIGNO, JUDY
6615 SW 47TH ST.
MIAMI FL 33155

[] Delet

14. I, the undersigned, certify that the information given in this report is true and correct, and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information is complete and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent or the corporation's board of directors. I am not a director of the corporation as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as required by the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as required by the report as required by Chapter 607, Florida Statutes.

SIGNATURE: Judy Rescigno / Judy Rescigno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96

1-305-234-6661

CR2E034 (12/95)