FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000012433 (7) PRO PEST II INC. Principal Place of Business Mailing Address 3746 COCO LAKE DRIVE 3746 COCO LAKE DRIVE COCONUT CREEK FL 33073 COCONUT CREEK FL 33073 3. Date Incorporated or Qualified 02/11/1993 2. Principal Place of Business 2a. Mailing Address 65-0394893 Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired

FILED Feb 18 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

22		[27]				ree nequieu		
City & State		City & State				Election Campaign Financing Trust Fund Contribution Added to Fees		
23 Zip	Country	28		Country				
—) — · · · · · · · · · · · · · · · · · ·	Zip		лиу		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	25 25 Name and Address of Curre	29] ant Registered Agent	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
		ent riegistered Agent		81	Name	(0, faulte and Addicas of Not Hopeletes Agent		
	KALER, DONALD							
3746 COCO LAKE DRIVE				82	Street Address (P.O. Box Number is Not Acceptable)			
COCONUT CREEK FL 33073				B3				
				83				
				84	City	FL 85 Zip Code		
office o agent	or registered agent, or both, in the Sta Lam familiar with, and accept the obli	te of Horida. Such change	was authorize	d by	the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered		
SIGNATUR	Signature hyped or printed name of registered a	constand to sit out bookleable	(NOTE Registare	d Ager	nt sionature require	d when reinstating) DATE		
12.		ND DIBLOTORS	13,			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	1 0			11 TITLE		☐ Change ☐ Addition		
NAME	KALER, DONALD		1.2 N	AME	j			
STREET ADDRES					ADORESS			
CITY-ST-ZIP	BOCA RATON FL 33496			TY-SI				
TITLE	D	DELE	DELETE 217		-	☐ Change ☐ Addition		
NAME	KALER, CATHY	L	2.2 N		1			
STREET ADDRES					ADDRESS			
	BOCA RATON FL 33496		1					
CITY-ST-ZIP	DOON TATOR TE GOTSU	DELET		TIF	1-24	Change Addition		
NAME	}	<u> </u>	32 N		ì			
					ADDRESS			
STREET ADDRES	» (
CITY-ST-ZIP		DOLLE		TY-S	I-ZIP	Change Addition		
TITLE		ر الله				criange Adminon		
NAME	.		4.21					
STREET ADDRES	\$ }				ADDRESS			
CITY - ST - ZIP		DELE		TY-SI	T-ZIP	Change Addition		
TITLE		[] Ditt				L. Change L. Adoktion		
NAME	1		5.2 N					
STREET ADDRES	s		5.3 S	rreet ,	address			
CITY-ST-ZIP				TY-51	- ZIP			
TITLE		DELET	FE 61T	TLE		Change Addition		
NAME			6.2 N	AME				
STREET ADDRES	s		638	REET A	ADDRESS			
CITY-ST-ZIP				7 <u>Y-SI</u>				
14. I hereb	y certify that the information supplied	with this filing does not qu	alify for the ex-	ampt	ion stated in S	Section 119.07(3)(i). Florida Statutes. I further certify that the information e shall have the same legal effect as if made under oath; that I am an		

Donald Kaler

SIGNATURE: