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

Mailing Address

C/O GERRY SCHMITZ 357 IMPERIAL BOULEVARD

2a. Mailing Address

CAPE CANAVERAL FL 32920-4289

PROFIT CORPORATION ANNUAL REPORT **1997** 

Principal Place of Business

357 IMPERIAL BOULEVARD CAPE CANAVERAL FL 32920

2. Principal Place of Business

C/O GERRY SCHMITZ



FLORIDA DEPARTMENT, OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018290 (5)

IMPERIAL PROPERTY AND LAWN MAINTENANCE, INC.

Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes V No 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHMITZ, GERRY 357 IMPERIAL BOULEVARD Street Address (P.O. Box Number is Not Acceptable) 82 CAPE CANAVERAL FL 32920 63 **B4** City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stign afterer, typied or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition 1.1 TITLE SCHMITZ, GERRY NAME 1.2 NAME 357 IMPERIAL BLVD. 1.3 STREET ADDRESS STREET ADDRESS CAPE CANAVERAL FL 32920 CHY-ST-ZIE 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST- 7IP 2.4 CiTY - ST - ZiP DELETE THE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS C(1) - 51 - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4 1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS  $CHY \cdot S^{\intercal} \cdot 7P$ 5.4 CITY - ST - ZIP DELETE Addition TOTAL 6.1 TITLE Change NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS. 6.4 CITY-ST-ZIP 14. I do hereby certify that the information 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 armual 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 porporation 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 12 if changed, of on any attachment with an address. SIGNATURE:

FILED	
May 08 1997 8:00am	1
Secretary of State	

3a. Date of Last Report

Applied For

Not Applicable

04/26/1996



3. Date Incorporated or Qualified

03/05/1993

59-3178475

4. FEI Number