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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P93000025221 (1)

MIAMI MOWING SERVICES, CORP.

**FILED** Apr 10 1998 8:00am Secretary of State



		· · · · · · · · · · · · · · · · · · ·					
Principal Place of Business Mailing Address							B) (121 182)
9715 CUTLER RIDGE DR. 9715 CUTLER RIDGE DR.			R.				
MIAMI FL 331	157	MIAMI FL 33157			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					04/06/1993		i
2. Principal P	lace of Business	2a. Mailing Address			4- FEI Number	Ar	oplied For
21		26	28		65-0403219	No.	ot Applicable
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
22 27					O Certificate of Status Desired	Fee Required	
City & State		City & State		6- Election Campaign Financing	\$5.00 May Be		
23 Country		28		Trust Fund Contribution	Added to Fees		
Zip 24	Country Zip		Count	y	8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30.		
24	25 9. Name and Address of Curre	nt Registered Agent	[30]		10. Name and Address of New Registe		7 140
WI	LLIAM BRANAM		8	1 Name			
	15 CUTLER RIDGE DR						
	AMI FL 33157		8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
miniti i Cootor			8:	3			
			_			Table 1	
			8	4 City		FL 85 Zip	Code
office or i agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag	jations of, Section 607.0505, I	Florida Statuti	es.	ation's board of directors. I hereby accept the	e appointment as	registered
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	P	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	BRANAM, WILLIAM J		1.2 NAME	<u>:</u>			
STREET ADDRESS	9715 CUTLER RIDGE DR.		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY				1 4 4 8 8 2 2
TITLE	ST DODGEN M	☐ DELETE	2.1 TITLE			Change	Addition
NAME	BRANAM, DOREEN M 9715 CUTLER RIDGE DR.		2.2 NAME	1			
STREET ADDRESS	MIAMI FL			ET ADDRESS			
CITY-ST-ZIP TITLE	MIAMI FL	DELETE	2. 4 CITY 3.1 TITLE			Change	Addition
NAME			3.1 IIILC			- Aumilia	L. redition
STREET ADDRESS				ET ADDRESS			
CATY-ST-ZIP			3.4. CITY				
TITLE		DELETE	4.1 TITLE			☐ Change	Addition
HAME			4. 2 NAM			,	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME	≣			
STREET ADDRESS			5.3 STRE	ET ADORESS			
CITY-ST-ZIP			5.4 CITY	- \$T - ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME	<u> </u>			
STREET ADDRESS			6.3 STRE	ET ADORESS			
CITY-ST-ZIP			6.4 CITY	- ST- ZIP			

I 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 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 occiproration 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 13 if changed, or on an attachment with an address.