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

DOCUMENT # P93000027095 (7)

ROMERO LAWN SERVICES, INC.

FILED Mar 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					Continuity of the state of the		
4325 E 9 LN 4325 E 9 LN							
HIALEAH FL 33013		HIALEAH FL 33013		·	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
						03/24/1993	
2 Principal Pl	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number	Applied For
21		} 1	26			59-3175882	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 Additional
22		27	27			5, Certificate of Status Desired	Fee Required
City & State		City & State				8. Election Campaign Financing	\$5.00 May Be
23		28	28			Trust Fund Contribution	Added to Fees
Zip	Country Zip C		Coun	try		8. This corporation owes or has paid the cu	
24	25		10			Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered	/Agent
RO	MERO, ELISEO		le le	31	Name		
432	25 E 9 LN		Įε	32	Street Addres	ss (P.O. Box Number is Not Acceptable)	
HIA	LEA H FL 33013		-				
			8	33			
			Įε	34	City	FI	85 Zip Code
Description of Sections 607 0500 and 607 1509 Florida Statutes th					named coron		of changing its registered
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
Signature, typed or printed name of registered agent and little if applicable (NOTE: Re				Agent	signature required	when reinstelling) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
12.	PVST	DELETE	13.	r r		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	ROMERO, ELISEO		1.2 NAM				
NAME	4325 E 9 LN		1.3 STRI		nnorce		
STREET ADDRESS	1011 511 51 4444						•
CITY-ST-ZIP	D	☐ DELETE	1.4 C(T) 2.1 T(TL		ZIP		Change Addition
TITLE	ROMERO, ELISEO			2.2 NAME			
NAME ATREET ARCRESS	4325 E 9 LN				odress		
STREET ADDRESS	HIALEAH FL 33013						
CITY-ST-ZIP	HIALEAN FL 33013			Y-ST-	-ZIP		Change Addition
TITLE			3.1 TITLE 3.2 NAME		ĺ		
NAME ADDRESS			3.2 NAR		nngree		
STREET ADDRESS			3.3 STRI 3.4. CIT		l i		
CITY-ST-ZIP		DELETE	4.1 TITE		- ZIP		Change Addition
TITLE		□ veccie	4.1 IIEE				
NAME			4.2 NAME		DDOECC		
STREET ADDRESS			4.4 CITY-S		i		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		·ZIF		Change Addition
NAME			5.2 NAME		1		-
l l			5.3 STREET		DOBESS		
STREET ADDRESS							ļ
CITY-ST-ZIP		DELETE	5.4 CITY-S 6.1 TITLE		<u></u>		Change Addition
TITLE			6.2 NAM				
NAME expect approces				6.3 STREET ADDRESS			
STREET ADDRESS			6.4 CITY-ST-ZIP		į į		
CITY-ST-ZIP			6.4 CITY	- 51-	ZIT		

14. 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 corporation 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.

- Luge 305 -681-004