FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000051660 (7)**

1. Corporation Name

GEM LAWN, INC.

Principal Place of Business	Mailing Address
983 SE 20TH ST STE 15 FT. LAUDERDALE FL 33316 US	933 SARAZEN DR FT LAUDERDALE FL 33413 US

3. Date Incorporated or Qualified: 07/22/1993	3a. Date of Last Report: 08/10/1995
4. FEI Number: 65-0424178	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business
21: 4927 S.W. 44 TERR
22: Suite, Apt. #, etc:
23: City & State: FORT LAUDERDALE, FLA
24: Zip: 33312
25: Country: USA

2a. Mailing Address
26: 2706 STANWOOD COURT
27: Suite, Apt. #, etc:
28: City & State: WEST PALM BEACH, FLA
29: Zip: 33406
30: Country: USA

9. Name and Address of Current Registered Agent

AUBIN, DAVID
983 SE 20TH ST
STE 15
FT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name: AUBIN, DAVID M.
82 Street Address (P.O. Box Number is Not Acceptable): 4927 S.W. 44 TERR
83:
84 City: FORT LAUDERDALE FL 85 Zip Code: 33312

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: _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	AUBIN, DAVID		1.2 NAME	AUBIN, DAVID M.	
STREET ADDRESS	983 SE 20 TH ST STE 15		1.3 STREET ADDRESS	4927 S.W. 44 TERR	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	FT. LAUD FLA 33312	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	POWELL, NATALIA M		2.2 NAME	POWELL, NATALIA M.	
STREET ADDRESS	933 SARAZEN DR		2.3 STREET ADDRESS	2706 STANWOOD COURT	
CITY-ST-ZIP	W PALM BEACH FL 33413		2.4 CITY-ST-ZIP	WEST PALM BEACH, FLA 33406	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Natalia M Powell — Natalia M Powell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.96 — Date

407 688 9555 — Daytime Phone #

CR2E034 (12/95)