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

CORPORATION ANNUAL REPORT

1998



FLÖRIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000053424 (6)

LAWN BOY INC

## **FILED** Jan 30 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address		# 100 11051 FIN 10100 11111 401FF 00111 ABTTE 00101 01160 FINE 01010 FINE	.1 1\$P\$
11330 NW 35 ST 11330 NW 35 ST					
SUNRISE FL	33323	SUNRISE FL 33323		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				07/26/1993	
2. Principal Place of Business 22. Mailing Address			185 SF	4. FEI Number Applie	
21 1 2	00 100 00 3	1 26 1 20 000	18001		oplicable
Suite, Apt. #, etc.  22 Sunn Ge , 7 33333 27  City & State City & State				5. Certificate of Status Desired S8.75 Addition Fee Requirements	red
23	te .	City & State NSTE	・カノ	6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe	
Zip	Country	Zip 2777	Country	8. This corporation owes or has paid the current year Intange	
24	25	29 1600(1) 3	0	Personal Property Tax due June 30. Yes No	
	g. Name and Address of Curre	nt Registered Agent	<u> </u>	10. Name and Address of New Registered Agent	
MA	AHARAJ, DEANESH		81 Name		Ĭ.
11:	330 NW 35 ST		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUNRISE FL 33323					
			83		
			84 City	FL 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
agent. I am taxillar with, and agreet the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	1) lares in	<u>~~</u>			
12.	Signature, typed or printed name of registered ag	pent and title if applicable. (NOTE, I ND DIRECTORS	Registered Agent signature require	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	L 10
TITLE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DELETE	1.1 TITLE		Addition
NAME	MAHARAJ, DEANESH	<del>-</del>	1.2 NAME		
STREET ADORESS	11330 NW 35TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE	☐ Change ☐	Addition
NAME			2.2 NAME		
STREET AODRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		İ
CITY-ST-ZIP		Delete	3.4. CITY-ST-ZIP	T AL	Addition
TITLE		DELETE	4.1 TITLE	Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	I Change	Addition
NAME			5.2 NAME	E Oxidatige	, Audidon
STREET ADDRESS			5.3 STREET ADDRESS		l
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-SI-ZiP		•	6.4 CITY-ST-ZIP		
	set fu that the information europlied u	with this filing does not guality for		Section 119.07(3)(i), Florida Statutes. I further certify that the infor	rmation

indicated on this annual report or supplied with this riling does not quality 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 Brock 13 if changed, or on an attachment with an agoress.