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 # P93000067280 (6)

ED'S LAWN AND LANDSCAPING, INC.

	8316 NORTH HABANA AVENUE
Principal Place of Business	Mailing Address

FILED Jan 27 1998 8:00am Secretary of State



TAMPA FL 33614 TAMPA FL 33614 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3239828 Not Applicable 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 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 25 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BREIT, EDWARD A 8316 NORTH HABANA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33614** 83 84 City 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. SIGNATURE (NOTE: Registered Agent signature required when (cinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change NAME **BREIT, EDWARD** 1.2 NAME POST OFFICE BOX 130744 N/A IN STREET ADDRESS STREET ADDRESS TAMPA FL 33681-0744 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE ITLE AME NAME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELETE ITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE 5.1 TALE Addition TITLE NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition Change TITLE 61 TITLE NAME 62 NAME **63 STREET ADDRESS** STREET ADDRESS 64 CiTY - ST - ZIP

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 of 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 and an attendment with an address.