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Mar 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000080538 (0)  
1. Corporation Name  
THE LAWN RANGERS OF THE PALM BEACHES, INC.



Principal Place of Business  
5366 BENJAMIN AVE  
BOYNTON BCH FL 33437  
US

Mailing Address  
5366 BENJAMIN AVE  
BOYNTON BCH FL 33437  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	9736 Majestic Way Suite, Apt. #, etc.	26	9736 Majestic Way Suite, Apt. #, etc.
22	City & State	27	City & State
23	Boynton Bch, FL	28	Boynton Bch, FL
24	Zip 33437	29	Zip 33437
25	Country Palm Beach	30	Country P.B.C.

3. Date Incorporated or Qualified 11/17/1993	
4. FEI Number 65-0449645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TREMBLAY, W J 1801 S. FEDERAL HIGHWAY STE. 219 DELRAY BEACH FL 33483		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	MCNEAL, CRAIG S	1.2 NAME	McNeal, Craig S
STREET ADDRESS	5366 BENJAMIN AVE	1.3 STREET ADDRESS	9736 Majestic Way
CITY-ST-ZIP	BOYNTON BCH FL	1.4 CITY-ST-ZIP	Boynton Bch, FL 33437
TITLE	D	2.1 TITLE	
NAME	VELASQUEZ, LUIS	2.2 NAME	
STREET ADDRESS	517 S.W. 9TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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:

*Craig McNeal*

3/2/98

561 738-6106

CR2E034 (10/97)