

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REMITTED BY MAY 1

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P93000080677 (6)

1. Corporation Name

WEST BOCA PERFECT CUT LAWN SERVICE INC.

Principal Place of Business

Mailing Address

22260 TEMPO WAY  
BOCA RATON FL 33428

22260 TEMPO WAY  
BOCA RATON FL 33428

2. Principal Place of Business

21 5952 Morningside Dr

2a. Mailing Address

26 5952 Morningside Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Lake Worth FL

City & State

28 Lake Worth FL

24 33463

25 Palm Bch.

29 33463

30 Palm Bch.

3. Date Incorporated or Qualified

11/16/1993

3a. Date of Last Report

04/15/1994

4. FEI Number

65-0433407

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAPRELIAN, BRIAN  
22260 TEMPO WAY  
BOCA RATON FL 33428

81 Name

Kaprelian H. Brian

82 Street Address (P.O. Box Number is Not Acceptable)

5952 Morningside Dr.

83 City

Lake Worth

FL

84 Zip Code

FL

33463

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

B. H. Kaprelian

4/5/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                  |
|----------------|------------------|
| TITLE          | P                |
| NAME           | KAPRELIAN, BRIAN |
| STREET ADDRESS | 22260 TEMPO WAY  |
| CITY, ST, ZIP  | BOCA RATON FL    |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY, ST, ZIP  |                  |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY, ST, ZIP  |                  |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY, ST, ZIP  |                  |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY, ST, ZIP  |                  |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST, ZIP   |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST, ZIP  |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST, ZIP  |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed worthy for the exemption stated in Section 110.07(3)(k), 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:

B. H. Kaprelian Brian H. Kaprelian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/95

407-641-0405