SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P93000080894 (7) DOCUMENT # WESTWARD LAWNS, INC. Mailing Address Principal Place of Business 11600 N.W. 18TH ST 11600 N.W. 18TH ST PLANTATION FL 33323 PLANTATION FL 33323 3a. Date of Last Report 3. Date incorporated or Qualified 07/27/1995 11/23/1993 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0461356 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Country Zip Yes No Florida Statutes 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Namo MAY, KRISTEN Street Address (P.O. Box Number is Not Acceptable) 82 11600 NW 18TH ST **PLANTATION FL 33323** 83 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signature, typical or printed name of registerest agent and trie if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 111166 **DPST** TITLE CR2E034 1.2 NAM8 MAY, KRISTEN R NAME 1.3 STREET ADDRESS 11600 N.W. 18 ST. STREET ADDRESS PLANTATION FL 33323 1.4 CITY - ST - ZIP CITY-ST-ZIP Change \_\_\_ Addition DELETE 21 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CH11 - ST-ZIP CiTY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAM6 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 THLE TITLE 4 2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5.1 T:TLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - 7IP 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)(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 sanic logal 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an oddress

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

7/1/96 (954) 472-0553