

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

FILED

Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **Pq 3000081338**

1. Corporation Name
Greco-Roman Lawn Care, Inc.

Principal Place of Business 1943 Dawey Street Hollywood, Florida 33019	Mailing Address 1400 Monroe Street Hollywood, Florida 33020
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11-19-93	3a. Date of Last Report 2-21-96
4. FEI Number 65-0443999	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent Nicknick, David SESQ 1660 Riverland Road Cooper City, Florida	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 **DAVID NICKNICK** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President (P) <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karegianes, Lampros	1.2 NAME	
STREET ADDRESS	916 Johnson Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Hollywood, Florida 33020	1.4 CITY-ST-ZIP	
TITLE	Vice-President (V) <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Romanello, Francis N.	2.2 NAME	
STREET ADDRESS	1400 Monroe Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Hollywood, Florida 33020	2.4 CITY-ST-ZIP	
TITLE	Treasurer (T) <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Romanello, Kimberly G.	3.2 NAME	
STREET ADDRESS	1400 Monroe Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Hollywood, Florida 33020	3.4 CITY-ST-ZIP	
TITLE	Secretary (S) <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karegianes, Nanette	4.2 NAME	
STREET ADDRESS	916 Johnson Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Hollywood, Florida 33020	4.4 CITY-ST-ZIP	
TITLE	Trustee <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Monahan, John	5.2 NAME	
STREET ADDRESS	2024 Madison Street	5.3 STREET ADDRESS	
CITY-ST-ZIP	Hollywood, Florida 33020	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: **[Signature]** **6-16-97 954-921-6549**

CR2E034 (9/96)