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 # 1. Corporation Name P94000056873 (0)

LD IC LAWN CEDVICE INC

FILED May 20 1998 8:00am Secretary of State

J.F. 3	LAWIN SERVICE, INC.					
Principal Place	e of Business	Mailing Address			i (dåtkådt jin töttt miðir nattr datst dættt da	in diten arene imite imna ten emm
5431 NW 176 ST 5431 N						
MIAMI FL 3	3055	MIAMI FL 33055	MIAMI FL 33055		DO NOT WRITE IN TH	IIS SPACE
					3. Date Incorporated or Qualified	IIO OF FIGE
					08/01/1994	
9 Principal Pi	lace of Business	2a. Mailing Address			4, FEI Number	Applied For
21	alog of positions	26			65-0555894	Not Applicable
Suite, Apt. #, etc.			Suite, Apt #, etc.			\$8.75 Additional
22		27	7		5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g. Name and Address of C	urrent Registered Agent			10. Name and Address of New Register	ed Agent
P	ende r, Joseph		}'	31 Name		
5	431 NW 176 ST		ħ.	32 Street Addr	ress (P.O. Box Number is Not Acceptable)	
W	nami fl 33055					
				33		į
				34 City		- 85 Zip Code
				'		-L 65 245 COUG
11, Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida S	Statutes, the ab	ove-named corp	poration submits this statement for the purpos	se of changing its registered 1
11. Pursuant to the provisions of sections do 7.500.4 and 607. 1000.4 Florida Statement of the purpose of sections do 7.500.4 Florida Statement 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						
Oldivalone	Signature, typed or printed name of register			Agent signature requi		
12.	OFFICER	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
TITLE	DELETE DELETE					C cutange C variation
NAME			1.2 NA	·		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP	MIAMI FL			7-S1-ZIP		Change Addition
TITLE	•••			1		C Cusuffe C Vanction
NAME	PENDER, MARTHA L		2.2 NA	l l		
STREET ADDRESS	5431 N W 176TH ST			EFT ADDRESS		
CITY-ST-ZIP	MIAMI FL	DELET		Y-ST-ZIP		Change Addition
TITLE		נַ טַ עננו				Ci cuando (Ci vocation)
NAME			3.2 NAI	l l		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP		DELET		Y-ST-ZIP		Change Addition
TITLE		F" NETCH		l l		El change El regulon
NAME			4. 2 NA			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP		☐ DELET		Y-ST-ZIP		Change Addition
TITLE		L) DELET		1		CT Augusta CT Varioni
NAME			5.2 NA	l .		
STREET ADDRESS			i i	EET ADDRESS		
CITY-ST-ZIP		DELET		Y-ST-ZIP		Change Addition
TITLE		☐ DELET		i i		Change Dynnition
NAME			6.2 NA	· ·		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	Ocadica Ado OTIOVI) Florida Probata I facilità	

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 trusted 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.