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Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place of Business

P94000076749 (8) **DOCUMENT #** 1. Corporation Name

ADH PEST CONTROL SERVICES, INC.

LAUDERHILL F	H STREET L 33351	9601 N.W. 54TH STRE LAUDERHILL FL 33351				Date Incorporated or Qualified     10/14/1994	3a. Date o	of Last Rep 28/1995	
	10	2a. Mailing Address				4. FEI Number		A	oplied For
. Principal Place of Business		26			65-0528479		N	ot Applicable	
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>—</b> — — —	Additional equired
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		<b>-</b>	May Be to Fees
Zir	Country	Zip	30	ountry			i ∐No		199.032,
<u> </u>	25 9. Name and Address of Curre	29 Agent	1001	$\top$		10. Name and Address of New F	Registered A	gent	
	9. Name and Address of Curre	III Hediatores whom		81	Name			_	
HIRSHMAN, ALAN 8601 NW 54TH ST			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)				
	HILL FL 33351			83					
				84	City		FL	85 Zp	Code
				pove-i	named corp oration's b	poration submits this statement for the pupard of directors. I hereby accept the app	irpose of chai pointment as	nging its re registered	agistered offi agent. I am
or registere familiar with	ed agent, or both, in the State of the h, and accept the obligations of, Se	ction 607.0505, Florida Statute	es.	1		uired wher renstaling)	DATE		
or registere familiar with	ad agent, or both, if the State of Fig. h, and accept the obligations of, Se Signature, typed or printed name of registered age	otion 607.0505, Florida Statute ont and title if applicative.  ND DIRECTORS	es.	red Ager			DATE FICERS AND	DIRECTO	AS IN 12
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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 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.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

6.4 C(TY - \$1 - Z(P

5.4 CITY - ST - ZIP

5.1 TITLE

6 1 TITLE

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AN D. HIRSCHMAN

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