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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000089988

1. Corporation Name

DOUBLE S LAWN SERVICE UNLIMITED, INC.

Principal Place of Business	Mailing Address
6811 TANGLEWOOD BAY DRIVE APT. 2522 ORLANDO FL 32821 US	6811 TANGLEWOOD BAY DRIVE APT. 2522 ORLANDO FL 32821 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 14403 PINECONE RD		26 14403 PINECONE RD		12/12/1994	
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -		4. FEI Number	
22		27		59-3284255	
City & State		City & State		Applied For	
23 ORLANDO FLA.		28 ORLANDO FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32832		29 32832		30	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
26		31		7.85 Additional Fee Required	
27		32		8. This corporation owes the current year Intangible	
28		33		Personal Property Tax.	
29		34		Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SAULS, DOREEN 6811 TANGLEWOOD BAY DRIVE APT. 2522 ORLANDO FL 32821		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City ORLANDO FL 85 Zip Code 32832	

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 Doreen Sauls DATE 4.30.99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT
NAME	SAULS, DOREEN	1.2 NAME	DOREEN SAULS
STREET ADDRESS	6811 TANGLEWOOD BAY DRIVE APT. 2522	1.3 STREET ADDRESS	14403 PINECONE RD.
CITY-ST-ZIP	ORLANDO FL 32821	1.4 CITY-ST-ZIP	ORLANDO, FL 32832
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: Doreen Sauls REQUIRED

4.30.99 407.396.2937

CR2E034 (11/98)