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

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400092360

1. Corporation Name

SOUTH FLORIDA LAWNCARE SYSTEMS, INC.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90222 013 ***150.00



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28			· 				Trust Fund Contribution	<u> </u>	Added	to Fees
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101 NE 212ST TERRACE MIAMI FL 33179 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 (602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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, and completely agent and title appointment as registered agent, and completely appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Speed or printed risine of registered agent and title if applicable. [NOTE Registered Agent signature required when repirataring) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE PSTD	11177	PICKI I			81	Name				į
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its regist 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 Statules. SIGNATURE SIGNATURE SIgnamus, bysed or privided name of registered spent and tise if applicable. NOTE: Registered Agent signature required when representance) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.1TILE LUTZ, RICKY L 12. UAWAE SIRBERT ADDRESS CITY. ST. 2P MAMI FL. 33179 DELETE 21. TITLE DELETE 31. TITLE DELETE 31. TITLE Change CITY. ST. 2P TITLE DELETE 31. TITLE DELETE 31. TITLE Change CITY. ST. 2P TITLE DELETE 31. TITLE DELETE 31. TITLE Change CITY. ST. 2P TITLE DELETE 31. TITLE CHANGE CHANGE CITY. ST. 2P TITLE DELETE 31. TITLE CHANGE					82	Street Addr	ess (P.O. Box Number is Not Acceptable	3)		
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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 suppliemental 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 all address, with all other like empowered.

SIGNATURE: