
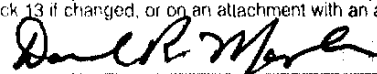


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																														
DOCUMENT # P94000093592 (1) 1. Corporation Name PARADISE - CUT LAWN CARE AND LANDSCAPE, INC.																																																																																																
Principal Place of Business 11214 PINES BLVD., STE. 140 PEMBROKE PINES FL 33025		Mailing Address 11214 PINES BLVD., STE. 140 PEMBROKE PINES FL 33026-4101																																																																																														
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30																																																																																														
3. Date Incorporated or Qualified 12/27/1994		3a. Date of Last Report 04/26/1996																																																																																														
4. FEI Number 65-0527246		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																
9. Name and Address of Current Registered Agent MAGNOLE, DANIEL R 11214 PINES BLVD., STE. 140 PEMBROKE PINES FL 33025		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code																																																																																														
11. Pursuant to the provisions of Sections 607.0502 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE</small>																																																																																																
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">TITLE</td> <td style="width: 45%;">P MAGNOLE, DANIEL R 11214 PINES BLVD #140 PEMBROKE PINES FL</td> <td style="width: 50%; text-align: right;">DELETED <input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td>VS SANCHEZ, WILLIAM 11214 PINES BLVD #140 PEMBROKE PINES FL</td> <td style="text-align: right;">DELETED <input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">DELETED <input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">DELETED <input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">DELETED <input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">DELETED <input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">DELETED <input type="checkbox"/></td> </tr> </table>		TITLE	P MAGNOLE, DANIEL R 11214 PINES BLVD #140 PEMBROKE PINES FL	DELETED <input type="checkbox"/>	TITLE	VS SANCHEZ, WILLIAM 11214 PINES BLVD #140 PEMBROKE PINES FL	DELETED <input type="checkbox"/>	TITLE		DELETED <input type="checkbox"/>	TITLE		DELETED <input type="checkbox"/>	TITLE		DELETED <input type="checkbox"/>	TITLE		DELETED <input type="checkbox"/>	TITLE		DELETED <input type="checkbox"/>	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1.1 TITLE</td> <td style="width: 45%;"></td> <td style="width: 50%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td></td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		1.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY-ST-ZIP			2.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY-ST-ZIP			3.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP			4.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP			5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP			6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
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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:  4/1/97 754-430-4461 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																

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