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 # P9500003268 (6)

MARVELOUS MOWING, INC.

FILED May 14 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 6351 MOSLEY STREET 6351 MOSLEY STREET HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/10/1995 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0554453 Not Applicable 21 26 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. ☐ Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PIAZZA. VINCENT J Name 1600 S.E. 17TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 300** FORT LAUDERDALE FL 33316 83 84 City 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 popular with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1 1 TITLE MATHES, DAVID L NAME 1.2 NAME 6351 MOSLEY STREET STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33024 CITY-ST-ZIP 1.4 City - ST - ZIP DELETE Change Addition TITLE 2.1 T(T) F 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ___ Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE Change Addition 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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.

MIGNATURE, On it of Mithe Devel Mither President 4 29.90 GC4901242