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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF COUMENT # P9500006015 (8)

FILED Mar 12 1998 8:00am Secretary of State

1. Corporation	HOUS LAWNS & GARDENS	s, INC.		* 4 6 7 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Principal Place of Business Mailing Address				a tonniller tim telet bret entit Abett natit fåtti t	16118 Billi Ebiol (1881 Bill (88)
-5871 NORTH UNIVERSITY DRIVE. SUITE 125 5871 NORTH UNIVERSIT TAMARAC FL 33321-4617 TAMARAC FL 33321-4617				DO MOT MIDITE IN THE	10 0DAGE
				DO NOT WRITE IN TH	S SPACE
:				3. Date Incorporated or Qualified 01/24/1995	
- · · · · · · · · · · · · · · · · · · ·		2a. Mailing Address		4. FEI Number	Applied For
21 '/		26		65-0549257	Not Applicable
-	#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	le	City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	. \$5.00 May Be Added to Fees
Zip	Country	7 _(p)	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	X yes □ No
	9. Name and Address of Curre	·		10. Name and Address of New Registers	d/Agent
AM	IERILAWYER		81 Name	· · · · · · · · · · · · · · · · · · ·	1
34	3 ALMERIA AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
CC	ORAL GABLES FL 33134				
			83		
			84 City		85 Zip Code
				F	L `
office or i agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or pointed nature of registered ag		s authorized by the corporal lorida Statutos. The Registered Agent signature requires	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	BEDELL, ROSEMARIE 7,	154	1.2 NAME		
STREET ADDRESS	5871-NORTH UNIVERSITY D	rive, suite 125	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321-4617		1.4 CHTY - ST - ZIP		
THLE	VP	DELETE	2.1 TITLE		Change Addition
NAME	BEDELL, ALAN		22 NAME		
STREET ADDRESS	-587 N. UNIVERSITY DR. #12	5 7 <i>15</i> 4	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33321-4617		2.4 CITY-ST-ZIP		
TITLE		[_] DELETE	3.1 TITLE		Change Addition
NAME	{		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3 4. City-St-ZiP		
TITLE		[] DELETE	4.1 THLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	 	DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		FT nerrit	51 TITLE		The Production
NAME .	i		5.2 NAME		
STREET ADDRESS	1		5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
TITLE)				CT Olicibe CT very((Ot)
NAME OTDEET ADDRESS			62 NAME		
STREET ADDRESS	(6.3 STREET ADDRESS		
CITY-ST-ZIP	L		6.4 CITY-ST-ZIP		

14. Thereby certify that the information supplied with this filling 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 five 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 trustoe 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

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03-10-98. 954749 6084