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 # P95000008835 (7)

ZELLARIS LAWN & LANDSCAPING INC.

Principal Place of Business	Malling Address				
521 SW 22 AVE	521 SW 22 AVE	00010			
FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					01/30/1995
2. Principal Place of Business	2a. Mailing Address	·			4. FEI Number Applied For
21	26				65-0563847 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	h			5. Certificate of Status Desired
City & State	City & State				6. Election Campaign Financing \$5.00 May Be
23	28				Trust Fund Contribution Added to Fees
Zip Country	y Zip		untry	4	8. This corporation owes or has paid the current year Intangible
24 25	29	30			Personal Property Tax due June 30. Yes No
	ss of Current Registered Agent		81	Name	10. Name and Address of New Registered Agent
ZELLAR, JACK			61	Name	
521 SW 22 AVE FT LAUDERDALE FL 33312			82	Street A	Address (P.O. Box Number is Not Acceptable)
			83	 	
			"		
			84	City	FL 85 Zip Code
11 Pursuant to the provisions of Sect	tions 607 0502 and 607 1508 Florida Sta	tutes the	abov	e-named r	
office or registered agent, or both	n, in the State of Florida. Such change wa	as authorize	ed b	y the corp	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
	ept trie obligations or, Section 607.0505,	riorida sta	alute	S.	
SIGNATURE Signature, typed or printed name	e of registered agent and title dispplicable (f	NOTE: Register	ed Age	ent signature r	required when reinstating) DATE
12. O	FFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	☐ DELETE	1.11	TITLE		☐ Change ☐ Addition
NAME ZELLAR, JACK		1.21	NAME		
STREET ADDRESS 521 SW 22 AVE		1.3 5	1.3 STREFT ADDRESS		
CITY-ST-ZIP FT LAUDERDALE		1.4 (CITY-S	ST-ZIP	
TITLE	DELETE	1	TITLE	ļ	Change Addition
NAME			NAME		
STREET ADDRESS				ADDRESS	,
CITY-ST-ZIP				ST-ZIP	
TITLE	☐ DELETE		TITLE	ĺ	☐ Change ☐ Addition
NAME			NAME	ŀ	
STREET ADORESS		1		ADDRESS	
CITY-ST-ZIP	DELETE			ST-ZIP	Change Addition
TITLE	LJ DELETE		IITLE		Criange LI Adollion
NAME		1	NAME		
STREET ADDRESS				ADDRESS	
CITY-ST-ZIP	OFLETE	511		ST-21P	Change Addition

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

SIGNATURE:

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

54 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADORESS CITY-ST-ZIP

TITLE

DELETE

Change

Addition

FILED

May 06 1998 8:00am

Secretary of State