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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS**

		
DOCUMENT #	P95000022913	(4)
MY WIFE & ME LAWN SERVICE INC.		

Principal Place of Business Mailing Address 4780 122ND DR. N. 4780 122ND DR. N. ROYAL PALM BEACH FL 33411 **ROYAL PALM BEACH FL 33411** 3. Date incorporated or Qualified 3a. Date of Last Report 03/20/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required 6. Flection Campaign Financing \$5.00 May Be City & State City & State 23 28 Trust Fund Contribution Added to Fees Country Country Zip $Z\phi$ 8. This corporation has liability for intangule tax under s. 199.032. Yes Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WYZYKOWSKI, JOHN Street Address (P.O. Box Number is Not Acceptable) 82 4780 122ND DR. N. 83 ROYAL PALM BEACH FL 33411 Crty 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tirk it apple at it (NOTE: Bogistered Agent signature required when renstating DEFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition TITLE 1.1 Tilli E JOHN WYZYKOWSKI NAME 12 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIF 1.4 CITY - ST - ZIP Addition Change TIFLE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP ☐ DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - ZIP DELETE ☐ Change ■ Addition TITLE 4 1 THILE NAME 4.2 NAMe STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP [] DELETE ☐ Change Add-tion TITLE 5 1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change TITLE 6 1 TITLE Add tion STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

14. I do hereby certify that the information supplied with this hing is voluntarily furnished and does not qualify for the exemption stated in Section 119,07(3)(k), 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

6.4 CH1 - \$1 - ZIP

SIGNATURE:

JOHNWYZYKOWSKI 4-27-96 (407) 795-6229

E034 (12/95)