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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031604

FILED Feb 02, 1999 8:00am Secretary of State

02-02-1999 90004 033 ***150.00

	LAWNS BY MIKE, INC.			•				
DETRICED	CHANIAS DI IMILICE IIAO:					: (001)000 (10)010 (011) 0011 0011 0011		
Principal Place	of Business	Mailing Address		_		1,		
8112 S.W. 23RD STREET NORTH LAUDEDALE FL 33068 8112 S.W. 23RD STREET NORTH LAUDEDALE FL 33068			33068	068		DO MOT WRITE IN THIS	SDACE	
MONTH BIODESIA						DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE	
						_04/19/1995	· · · · · · · ·	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	` —	ied For
21		26				65-0579074	\$8.75 Ad	Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	Fee Requ	uired
22 City & State		City & State	<u> </u>			6. Election Campaign Financing	\$5.00 M	
23		28				-Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Int	tangibie 	□No
24	. 25	29	30	-		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent		81 N	 lame	TU. Hame and Address of New Toglatered		
FALAA	MICHAEI	and \$15 Mills		1 1				
FAMA, MICHAEL 8112 S.W. 23RD STREET				82 Street Address (P.O. Box Number is Not Acceptable)			Seri page elker	
	H LAUDERDALE FL 33068			83		Section Fig.	1. 6.37 (1.31)	
NUMIH LAUDENDALE PL 33000						一	85 Zip Co	
				1 1	ity	FL	_ -	
8950 2 5 500/-	5 Continue 607 0502	and 607 1508. Florida Sta	tutes, the a	above-na	amed corpo	oration submits this statement for the purpose of n's board of directors. I hereby accept the appo	f changing its r	egistered
11. Pursuant to	egistered agent, or both, in the State of	f Florida. Such change wa	s authorized	d by the	corporatio	oration submits this statement for the purpose of in's board of directors. I hereby accept the appo	intinent as regi	istoreu .
agent.ian	egistered agent, or both, in the State of familiar with, and accept the obligati	ons bi,, section our loods,	, ,0,,,,,			<u> </u>		
SIGNATURE	goldwire, typed or printed name of registered agent	and title if applicable. (N	OTE: Registered	d Agent sig	nature required	1 when reinstating)		\ \
12	OFFICERS AND						DIDEATAE	2C IN 42
	OF THE PARTY	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	PT	DIRECTORS DELETE	. 1,1 T	III.E		ADDITIONS/CHANGES TO OFFICERS AND NO OFFICERS	ND DIRECTOR Change	RS IN 12 Addition
	PT FAMA, MICHAEL	DIRECTORS	1.1 T	TTLE (AME		ADDITIONS/CHANGES TO OFFICERS A	<u>ND DIRECTOF</u> ☐ Change	RS IN 12
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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 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

1/4/99 /054) <u>722</u>-4/99