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Mailing Address

10576-A HAGEN RANCH RD

BOYNTON BEACH FL 33437-3718

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Principal Place of Business

10576-A HAGEN RANCH RD BOYNTON BEACH FL 33437

DOCUMENT # P95000044076 (4)

NATIONAL GROUNDCOVER, INC.

06/07/1995 04/29/1996 2. Principal Place of Busiliess 2a. Mailing Address 4. FEI Number Applied For 65-0591628 21 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip Country Zφ 8. This corporation has tiability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FALCONE, SAMUEL J 10576-A HAGEN RANCH ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33437** 83 84 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE big above typed in providing eight goteror) agent and tilled appoinable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **PSTD** DELETE Change Addition 1.1 TITLE Hit FALCONE, SAMUEL J 1.2 NAME NAMI 10576 HAGEN RANCH ROAD STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33437** 1.4 CITY-S1-ZIP City-St 28 Addition DELETE Change THE 21 TITLE 2.2 NAME NAMi 2 3 STREET ADDRESS STREET ADDRESS CHY-St 76 2 4 City - ST- ZIP DELETE Change Addition 31 TITLE 1 118 NAMI 32 NAME STREET ADDRESS 3.3 STREET ADDRESS OHY St 769 3.4 CITY-ST-ZIP DELETE Addition Change THE 4.1 TOLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP 0:17 - S1 - 7(P DELETE Change Addition 5.1 TITLE THE NAMI 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHY-ST-ZIP DELETE Change Addition 61 TITLE THEF 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CU1Y - \$1 - 7/P 14. I do 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 amount 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

FILED
Mar 19 1997 8:00am
Secretary of State



3a, Date of Last Report

(561) 732-6979

3. Date Incorporated or Qualified