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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sporetary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000049152 (8) ALL POINTS EXTERMINATING AND LAWN SERVICE, INC.

Principal Place of Business

Mailing Address

FILED May 15 1997 8:00am Secretary of State



WEST PALM	. North Beach Fl. 33412	13670 76 RD, NORTH West Palm Beach FL :	33412-2133			
					3. Date Incorporated or Qualified 06/23/1995	3a. Date of Last Report 04/23/1996
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	26		65-0589598	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			£0.75 Addis
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for in	
24	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Curre				10. Name and Address of New Reg	jistered Agent
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD			81	81 Name		
	3 ALMERIA AVENUE		82	Street Add	lress (P.O. Box Number, is Not Acceptable	(n)
l co	PRAL GABLES FL 33134			J		
			83	3		
			84	City		■ 85 Zip Code
			1-],		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the above	/e-named corp	poration submits this statement for the protion's board of directors. I hereby accep	urpose of changing its registered
agent. I a	am familiar with, and accept the oblig	gations of, Section 607,0505, Flo	orida Statute	iy ine corpora is.	nion's board of directors. I hereby accep	the appointment as registered
SIGNATURE						}
	Signature, typed or printed name of registered as	THE PARTY OF THE P		ent signature requi	ired when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	PTD	DELETE 1.1				☐ Change ☐ Addition ŏ
NAME	HERR, RAYMOND L		1.2 NAME			
STREET ADDRESS	13670 76 RD. NORTH		1.3 STREE	T ADDRESS		<u>خ</u> نا
CITY-ST-ZIP	WEST PALM BEACH FL 33412		1.4 CITY-	ST-ZIP		là
TITLE	VSD DELETE		2.1 THILE			☐ Change ☐ Addition C
NAME	HERR, DONNA R		2.2 NAMÉ			
STREET ADDRESS			2.3 STREE	1 ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33412			ST-7IP		
TITLE	☐ DELETÉ		31 THTL€			Change L Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	1 ADDRESS		
CITY-ST-ZIP		T priese	3.4. C(TY - 4.1 TITLE	S1 - ZIP		
TITLE	☐ DELFTE					Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	I ADDRESS		
CITY-ST-ZIP			4.4 CHTY-	ST-ZIP		
TITLE	1		5111116			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 \$1REE	1 ADDRESS		
CITY-ST-ZIP			5 4 CITY - 5	S1 - 7IP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6 2 NAME			
STREET ADDRESS			6.3 STREE	I ADDRESS		
CITY-ST-ZIP			6.4 CITY- 5	S1 - ZIP		1

Too hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 eath; 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