

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000073732 (6)

1. Corporation Name

PROCARE LANDSCAPE MANAGEMENT, INC.



Principal Place of Business

Mailing Address

8085-C S.W. 21ST COURT
BOCA RATON FL 33428

8085-C S.W. 21ST COURT
BOCA RATON FL 33428

2. Principal Place of Business

2a. Mailing Address

21 10365 Sleepy Brook Way

26 10365 Sleepy Brook Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Boca Raton FL

28 Boca Raton FL

Zip

Country

Zip

Country

24 33428

25

29 33428

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITING, RONALD C
8085-C S.W. 21ST COURT
BOCA RATON FL 33428

81 Name
Whiting Ron C
82 Street Address (P.O. Box Number is Not Acceptable)
10365 Sleepy Brook Way
83
84 City
Boca Raton FL 85 Zip Code
33428

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Lorraine Whiting*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WHITING, RONALD C
STREET ADDRESS 8085-C S.W. 21ST COURT
CITY-ST-ZIP BOCA RATON FL 33428

11 TITLE P
12 NAME Whiting Ronald C
13 STREET ADDRESS 10365 Sleepy Brook Way
14 CITY-ST-ZIP Boca Raton FL 33428

TITLE D
NAME WHITING, C. LORRAINE
STREET ADDRESS 8085-C S.W. 21ST COURT
CITY-ST-ZIP BOCA RATON FL 33428

21 TITLE ST
22 NAME Whiting, C. Lorraine
23 STREET ADDRESS 10365 Sleepy Brook Way
24 CITY-ST-ZIP Boca Raton FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE VP
32 NAME Chavarria, Alex W
33 STREET ADDRESS 5239-05 Red Cedar Dr
34 CITY-ST-ZIP Ft Myers, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lorraine Whiting
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/96 4074773016
Date Daytime Phone #

CR2E034 (3/96)