

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **PA5000087776**
1. Corporation Name
ISLANDER LAWN SERVICE, INC

000001837950
-05/24/96--01023--018
***200.00

Principal Place of Business
**1151 NW 76 AVE
PLANTATION, FL 33322**

Mailing Address
**1151 NW 76 AVE
PLANTATION, FL 33322**

2. Principal Place of Business
21 **1151 NW 76 AVE**
Suite, Apt. #, etc.
22
City & State
23 **PLANTATION FL**
Zip
24 **33322** Country
25

2a. Mailing Address
26 **1151 NW 76 AVE.**
Suite, Apt. #, etc.
27
City & State
28 **PLANTATION, FL**
Zip
29 **33322** Country
30

3. Date Incorporated or Qualified
11/15/95

3a. Date of Last Report
N.A.

4. FEI Number
65-0624854

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MANUEL PAREDES
1151 NW 76 AVE
PLANTATION, FL 33322**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **MANUEL PAREDES, PRESIDENT**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)

4/25/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	MANUEL PAREDES
STREET ADDRESS	1151 NW 76 AVE
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAMON TANG
1.3 STREET ADDRESS	3474 N. UNIVERSITY DR. -STE. 336
1.4 CITY-ST-ZIP	SUNRISE, FL 33351
2.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MANUEL PAREDES
2.3 STREET ADDRESS	1151 NW 76 AVE
2.4 CITY-ST-ZIP	PLANTATION, FL 33322
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: **MANUEL PAREDES**
Signature typed or printed name of signing officer or director

04/25/96 (954) 424-3472
Date Daytime Phone #

5-1-96
Daytime Phone #

CR2E034 (12/95)