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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9600000927 (9)

JC LAWN CARE SERVICE, INC.

Principal Place of Business

Mailing Address

## FILED May 16 1997 8:00am Secretary of State



954) 3490057

4811 & UNIVERSITY DRIVE STE 128 FT LAUDERDALE FL 33328		4611 S UNIVERSITY DRIVE STE  128 FT LAUDERDALE FL 33328-3817							
					3. Date Incorporated or Qualified 01/04/1996	3a. Date	of Last R	eporl	
2. Principal Pl	lace of Business	2a. Mailing Address		··	4. FEI Number		TA	plied For	
21 318	Indian Trace	26 318 Indian Trace			65-058095	/	No	ot Applicable	
Suite, Apt.	#, etc. Te 500	Suite, Apt. #, etc. 27 Suite 500			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State  Weston, F1			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24 333	Country 26 25 BROWACD	<sup>Zip</sup> 33326 3ε	Country බ රි	ROWAR	B. This corporation has liability for Florida Statutes	is corporation has liability for intangible tax under s. 199.032, orida Statutes ☐ Yes ☐ No			
<del></del>	9. Name and Address of Current		:: J;		10. Name and Address of New Re	gistered Age	nt	,	
4611	OLA, JUAN CO 1 S UNIVERSITY DRIVE STE 128 LAUDERDALE FL 33328	82		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83					
• .			84	City		FL <sup>1</sup>	5 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 incept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE									
	Signature, typed in plinted name of it gistered agent			ent signature re	equired when reinstating)	DATE			
12.	PTD OFFICERS AND		13.	——————————————————————————————————————	ADDITIONS/CHANGES TO OFFIC			T-1	
TITLE		☐ DELFTE	1.1 1/1/16		ABOUT TIME	<b>&gt;</b> <	, Change	Addition	
NAME	ARZOLA, JUAN C		1.2 NAME		ARZOLA, JUN C.	11 1			
STREET ADDRESS	4611 S UNIVERSITY DRIVE		1.3 STREET ADDRESS		318 Indian Trace	F = 3 BW			
CITY-ST-ZIP	FT LAUDERDALE FL 33328				Wiston, Pr 8336	Change X Addition			
TITLE	VIEE- PRESIDENT LIBELETE		2.1 'TITLE				Change	Addition	
NAME	ARZOLA, CARLOS H.	d and	2.2 NAME					ļ	
STREET ADDRESS	318 Indian Trace	#500 6-200	2 3 STREET ADDRESS						
CITY-ST-ZIP	Weston, Fl 3332	DELETE	2.4 CITY - ST - ZIP			· · · · ·	Change	Addition	
TITLE			3.1 TITLE			ł.,,	Change		
NAME			3.2 NAME 3.3 STREET ADDRESS						
STREET ADDRESS			1 '						
CITY-ST-ZIP		DELETE	3.4.: CITY - 4.1 TITLE	ST - ZIP			Change	Addition	
TITLE NAME		ב_ סנננונ	4.1 ) 11LC	ļ		h	Ollange	L., ROUMON	
STREET ADDRESS			ŀ	ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-S 5.1 TITLE	21-71P			Change	Addition	
NAME			5.2 NAME	ì		_	<b>-</b>		
STREET ADDRESS			5.3 \$1REE1	I ADDRESS					
CITY-ST-ZIP			5.4 CITY-5						
TITLE		DELETE	6.1 TITLE	31-51F			Change	Addition	
NAME			6.2 NAME			ba.v.	- · · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS			63 \$1REE	I ADDOLES					
CITY-ST-ZIP			6.4 Crity-S						
14. Ldo hereh	by certify that the information supplied	with this filing does not qualify (	for the exe	emotion sta	ated in Section 119.07(3)(i), Florida Statute	s. I further ce	rtify that	the	
information I am an of appears in	n indicated on this arrhual report or su fficer or director of the corporation for the n Block 12 or Block 18 if changed for a	pplemental annual report is true no receiver or trustee empower on an attachment with an addre	e and acci ed to execuse.	urate and t oute this re	hat my signature shall have the same lega port as required by Chapter 607, Florida S	l effect as if i statules; and	nade un hat my r	der oath; that name	