

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

FILED

97 JUN 20 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P06000014442 (3)**

Corporation Name  
**ANGEL'S # 1 LAWN SERVICE, INC.**



Principal Place of Business  
**3800 NW 89TH AVE  
HOLLYWOOD FL 33024**

Mailing Address  
**3800 NW 89TH AVE  
HOLLYWOOD FL 33024-8703**

3. Date Incorporated or Qualified  
**02/15/1996**

3a. Date of Last Report

4. FEI Number  
**65-0643655**

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

2. Principal Place of Business

21 **5590 S. Pine Island Rd.**

Suite, Apt. #, etc.

22

City & State  
**Davie FL**

Zip Country  
**33328**

26. Mailing Address

26 **5590 S. Pine Island Rd.**

Suite, Apt. #, etc.

27

City & State  
**Davie FL**

Zip Country  
**33328**

8. Name and Address of Current Registered Agent

**MYRON, DIANE**  
**3800 NW 89TH AVE**  
**HOLLYWOOD FL 33024**

Address

10. Name and Address of New Registered Agent

81 Name  
**Diane Myron**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5590 S. Pine Island Rd.**

83

84 City  
**Davie**

FL 85 Zip Code  
**33328**

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 **Diane Myron** DATE **6-18-97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Diane Myron	
STREET ADDRESS	5590 S. Pine Island Rd.	
CITY-ST-ZIP	Davie, FL 33328	
TITLE	Treasurer / Vice President	<input type="checkbox"/> DELETE
NAME	Robert Myron	
STREET ADDRESS	5590 S. Pine Island Rd.	
CITY-ST-ZIP	Davie, FL 33328	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Marc Rose Myron	
STREET ADDRESS	5590 S. Pine Island Rd.	
CITY-ST-ZIP	Davie, FL 33328	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>300002220773</b>	
1.3 STREET ADDRESS	<b>-06/24/97--01004--017</b>	
1.4 CITY-ST-ZIP	<b>****550.00 ****550.00</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address

SIGNATURE: X **Diane Myron - Diane Myron** DATE **6/20/97 6-18-97**

CR2E034 (9/96)