

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

FILED

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98 JUL 27 AM 8: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000014442 (3)
 1. Corporation Name
ANGEL'S # 1 LAWN SERVICE, INC.

Principal Place of Business 5590 S PINE ISLAND RD DAVIE FL 33328	Mailing Address 5590 S PINE ISLAND RD DAVIE FL 33328
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/15/1996	
21 Suite, Apt #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt #, etc.	26 City & State
27 Zip	28 Country	29 Zip	30 Country	4. FEI Number 65-0643655	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MYRON, DIANE 5590 S PINE ISLAND RD DAVIE FL 33328				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYRON, DIANE		1.2 NAME		
STREET ADDRESS	5590 S PINE ISLAND RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33328		1.4 CITY-ST-ZIP		
TITLE	TVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYRON, ROBERT		2.2 NAME		
STREET ADDRESS	5590 S PINE ISLAND RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33328		2.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYRON, MARIE-ROSE		3.2 NAME		
STREET ADDRESS	5590 S PINE ISLAND RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33328		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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***150.00 ***150.00

(Signature)

14. I 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 unchanged, or on an attachment with an address

CR2E034 (10/97)

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LEWIS A. DESARITZ, PA
7770 WEST OAKLAND PARK BLVD., SUITE 320
SUNRISE, FL. 33351
(954) 742-6677
FAX: (954) 742-0476

July 15, 1998

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, Fl 32302-1500

RE: Angel's #1 Lawn Service, Inc, Annual Report, 1998, Doc# P96000014442 (3)

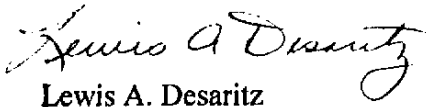
Dear Division:

Please accept the enclosed check of \$150.00 in payment of the annual fee for the above named corporation.

The original notice was received and believed to have been processed. We sincerely request that all penalties be abated for this confusion. The officer of this corporation truly believed this had been filed.

Your consideration is greatly appreciated.

Sincerely,


Lewis A. Desaritz