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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P96000014442**1. Corporation Name

ANGEL'S # 1 LAWN SERVICE, INC.

## FILED Feb 12, 1999 8:00am Secretary of State

02-12-1999 90014 019 \*\*\*150.00



Principal Place of Business		Mailing Address					
5590 S PINE ISLAND RD DAVIE FL 33328		5590 S PINE ISLAND RD DAVIE FL 33328					
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
						02/15/1996	
2 Principal Pl	ace of Business	2a. Mailing Address				SELN AND SELVEN	S.,
21		<u> </u>	26			65-0643655 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				TO THE TOTAL PROPERTY OF THE P	۲,
22		27	27			5. Certificate of Status Desired Fee Required	
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be	خت
23		28				Trust Fund Contribution Added to Fees	
Zip	Zip Country Zip		Country			8. This corporation owes the current year Intangible	
24	25 29 3		30	0.0		Personal Property Tax.	
	9. Name and Address of Curren	t Registered Agent			<del></del>	10. Name and Address of New Registered Agent	
1470	ON DIANE			81	Name	e	
	ON, DIANE		82 Street Ad			et Address (P.O. Box Number is Not Acceptable)	
	S PINE ISLAND RD					The state of the s	
DAVI	E FL 33328			83			
				84	City	85 Zip Code	
					•	<u> </u>	
11, Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statu	ites, the a	bove hv 1	e-named	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Fl	orida Stat	utes.		polation of an entire visiting of the control of th	
SIGNATURE					•		
					e required when reinstating) . DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	86	
12.		D DIRECTORS	13.	m E		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	CR2E034 (11/98)
TITLE	P DIANE	□ pereir	1.1 TITI			LI Change LI Addition	<u>4</u>
NAME	MYRON, DIANE		1.2 N				8
STREET ADDRESS	5590 S PINE ISLAND RD				ADDRESS	SS	2E
CITY-ST-ZIP	DAVIE FL 33328	☐ DELETE	_	ITY-ST	r-ZIP	☐ Change ☐ Addition	5
TITLE	TVP		2.1 T				
NAME	MYRON, ROBERT		2.2 N				
STREET ADDRESS	5590 S PINE ISLAND RD				ADDRESS	SS	
CITY-ST-ZIP				ITY-S	T-ZIP	☐ Change ☐ Addition	
TITLE	<b>.S</b>	☐ DELETE	3.1 TITi.			C Gridings	
NAME	MYRON, MARIE-ROSE		3.2 N				
STREET ADDRESS	5590 S PINE ISLAND RD		l l		ADDRESS		
CITY-ST-ZIP	DAVIE FL 33328	[F] DELETE	3.4. CIT 4.1 TITL		T- ZIP	Addition	
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NAME				IAME			
STREET ADDRESS					ADDRESS	55	
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NAME					. *DDDCc.	1	
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TITLE		☐ DELETE	- 1			Change C Addition	•
NAME			6.2 N				
STREET ADDRESS	1				ADDRESS	250	
CITY-ST-ZIP				ITY-\$1		LI O UT AND OTION Floride Statutes 15 the season that the information	
44 I hereby o	sertify that the information supplied wit	th this filing does not qualify f	or the exe	emoti	on state	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

4. 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99

Daytime Phone #