FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

appears in Block 12 or Block 13 if changed, or on an attachment with an address

willian Blackman y

May 15 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # P96000041758 (9) ABLE TREE SERVICE, INC. Principal Place of Business Mailing Address 102 CORAL ROAD 102 CORAL ROAD BOYNTON BEACH FL 33435-7304 **BOYNTON BEACH FL 33435** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/15/1996 2. Principal Place of Business 2a, Mailing Address 4, FEI Number Applied For 65-066 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Country This corporation has liability for intangible tax Mider s. 199 032. 24 29 30 Florida Statutes Yes 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City 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 Stato 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. PSTO DELETE Addition 1.1 THLE Change TITLE BLACKMAN, WILLIAM EDWARD 1.2 NAME NAME 102 CORAL ROAD STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP 1.4 C(TY - ST - Z(P DELETE Change Addition 2.1 TIME TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 C/TY - S1 - Z/P CITY-ST-ZIP DELETE Change Addition TITLE 3.1 IOUE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 41 11116 TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 512006 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - \$1 - ZIP ITY-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 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

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accurate and that my signature shall have the same legal effect as if made under eath; that execute this report as required by Chapter 607, Florida Statutes; and that my name