

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

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000046921 (8)**  
 1. Corporation Name  
**QUALITY LAWN & LANDSCAPE, INC.**



Principal Place of Business <b>11857 SAND LAKE DRIVE BOCA RATON FL 33428</b>	Mailing Address <b>11857 SAND LAKE DRIVE BOCA RATON FL 33428-2512</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>06/04/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0675650</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>SKARECKI, ROBERT G SR</b>
STREET ADDRESS	<b>11857 SAND LAKE DRIVE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>SKARECKI, ROBERT G JR</b>
STREET ADDRESS	<b>11857 SAND LAKE DRIVE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>SKARECKI, RALPH V</b>
STREET ADDRESS	<b>11857 SAND LAKE DRIVE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>SKARECKI, NICHOLAS A</b>
STREET ADDRESS	<b>11857 SAND LAKE DRIVE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>SKARECKI, MARY</b>
STREET ADDRESS	<b>11857 SAND LAKE DRIVE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>
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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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: *Robert Skarecki* **ROBERT SKARECKI** **4/28/97** **561 482 1407**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)