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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT # P9600 0069684

C. 3	'S PEST CONTO	ol Inc.		
Principal Place of Business Mailing Address				
		U		
14530	5w3348+			
3.3		Salver	•	3. Date incorpolated or Qualified 3s. Date of Last Report
ptcs.s	5 FC 33023	U (1,03)		8/19/94 NA
	table of Business	2a. Mailing Address		4. FEI Number Applied For
	Apt #, etc Suite, Apt #, etc		65-0688477 Not Applicable	
22	F, C.1	27	·	5. Certificate of Status Desired Fee Required
City & Stat	*** ///:		6. Election Campaign Financing \$5.00 May 8e	
23 htm		28 Hand	70	Trust Fund Contribution Added to Fees
^{Zip} ス2	DO3 25 Provide	Zip 29 う302ろ	Country	8. This corporation has liability for intangible tax under s. 199.032,
24 55	9. Name and Address of Currel		30 Broward	Florida Statutes Yes 4 No. 10. Name and Address of New Registered Agent
	o. Hame and Addiese of Carry	it riegistored Agoin	81 Name	10. Haine and Address of New Pagistered Agent
	NETH C. E	LES.M	62 Street Ac	ddress (P.O. Box Number is Not Acceptable)
		- · · ·	<u> </u>	duress (F.O. 1973 Number is 1900 Acceptable)
4	530 sw3	68+	83	
12	tollywood.	24 33123	84 City	85 Zip Code
			es the above-named or	proposition submits this statement for the purpose of changing Propietored
office or r	registered agent or both, in the State	of Florida. Such change was a	authorized by the corpo	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the approintment as registered
SIGNATURE	- with a	hera (-	Marke	4/20/97
	the write uped or preited name of registered ag-		E: Registered Agent signature re-	
12.	T	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	President E		1.2 NAME	Change Addition
STREET ADDRESS	1516th C EC 45305W 34 HWD 2	~ (C	1.3 STREET ADDRESS	
CITY- ST-2IF	Jun D 20	~3302	1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAM:			2 2 NAME	•
STREET ADDRESS			2.3 STREET ADDRESS	
CHY-ST ZIF TOTAL	A A A A A A A A A A A A A A A A A A A	DELETE	2. 4 City-St-ZiP 3.1 Title _	Change Addition
MAM			3.2 NAME	had vinerge had routing
STREET APPIRESS			3.3 STREET ADDRESS	
CITY-ST 20F			3.4. CITY - ST- ZIP	
HILE		DELETE	4.1 TiTLE	Change Addition
NAME CHALL AND THE			4. 2 NAME	
STREET ADDRESS. C. DY. ST. ZIP			4.3 STREET ADDRESS 4.4 C(1)Y-ST-2IP	,
10,11	t 1 . Ja Audia Erida A. C	DELETE	5 1 TITLE	Change \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
BAM:			5 2 NAME	11 = 1, 1, -
STREET ADECS -			5 3 STREET ADDRESS	40 98/K/
ETCS: 20			5 4 CITY- ST-ZIP	10 1718
Triff		DELETE	6 1 TITLE	☐ Change ☐ Addition
EURET AUG			6 2 NAME 6 3 SIREET ADDRESS	100002184571 -05/20/9701020014 ***165.00
Clr St-ZiP			6 4 CITY-ST-ZIP	-U5/2U/3(U1U2UU14 ******
4.4 Later to a col	and the state of severties a section	d with this Otton done and a set	4 4 0111 - 31-24	TARLOO DI LI

14. I do hereby contry 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 Lam 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 Brock 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97 (954)963.3101

FILED

May 08 1997 8:00am

Secretary of State