

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000069684			
1. Corporation Name C.J's Pest Control Inc.			
Principal Place of Business 4530 SW 38 St Hollywood FL 33023		Mailing Address Same	
2. Principal Place of Business 21 4530 SW 38 St Suite, Apt #, etc 22	2a. Mailing Address 26 Same Suite, Apt #, etc 27	3. Date Incorporated or Qualified 8/19/96	3a. Date of Last Report N/A
23 City & State Hollywood FL	28 City & State Hollywood, FL	4. FEI Number 65-0688477	Applied For Not Applicable
24 Zip 33023	25 Country Broward	29 Zip 33023	30 Country Broward
9. Name and Address of Current Registered Agent IVETH C. ECHEONA 4530 SW 38 St Hollywood, FL 33023		10. Name and Address of New Registered Agent	
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.		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
SIGNATURE: <i>IVETH C. ECHEONA</i> <i>President</i> <i>4/20/97</i>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY- ST- ZIP DELETE	PRESIDENT IVETH C. ECHEONA 4530 SW 38 St Hollywood FL 33023	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP Change Addition	

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: *IVETH C. ECHEONA* *4/20/97* (954) 963-3101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)