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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079606

1. Corporation Name

P T S LAWN CARE, INC.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90017 036 ***150.00

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Principal Place	of Business	Mailin	g Address							
9717 RICHMONE	D CIRCLE	RICHMOND CIRCLE								
BOCA RATON F	FL 33434	BOCA	BOCA RATON FL 33434				DO MOT MINITE IN THE	00405		
							DO NOT WRITE IN THIS	SPACE_		
							3. Date Incorporated or Qualifed 09/25/1996			
2. Principal Pl	ace of Business	2a. Ma	ailing Address				4. FEI Number		oplied For	
21		26					65-0696970		lot Applicable	
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.				5. Certifcate of Status Desired	+ - · · ·	Additional	
22	المفاري المبيوا أنوا الأكار الباديمة فيهوه مبيوه	27	27				5. Certificate Of Status Desired	Fee F	Required	
City & State	8	Ci	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28	28				Trust Fund Contribution	Addec	to Fees	
Zip	Country	Zip	Zip Country				8. This corporation owes the current year Intangible			
24	25	29	[30			Personal Property Tax.	Yes	No	
,	9. Name and Address of Curren	t Registere	ed Agent				10. Name and Address of New Registered	Agent		
					81	Name			l.	
	neider, Paul T				82	Chant Addr	ess (P.O. Box Number is Not Acceptable)			
9717	RICHMOND CIRCLE				04	Street Addre	ess (F.O. Bux Number is Not Acceptable)		<u> </u>	
BOC	A RATON FL 33434				83					
					Ш					
					84	City	· FI	85 Zip	Code	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. I	Such change was at ection 607.0505, Flor	uthorized rida Stati	utes.	ine corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	f changing it pintment as I	ts registered registered	
0.0,	Signature, typed or printed name of registered age	nt and title if and	V 11 (MOTC)		A+	signature required	d when reinstating) DATE			
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14. 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 an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #