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FILED  
Mar 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000099546 (9)**

1. Corporation Name

**HEAVENLY LAWN CARE, INC.**

Principal Place of Business

**3162 NW 88TH AVE.  
SUNRISE FL 33351**

Mailing Address

**3162 NW 88TH AVE.  
SUNRISE FL 33351**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/10/1996**

4. FEI Number

**65-0719865**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

**21 833 NW 104 WAY**  
Suite, Apt. #, etc.

22 City & State

**23 CORAL SPRINGS, FL**

24 Zip

**33071**

25 Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

27 City & State

**28** **SANB**

29 Zip

**30**

Country

9. Name and Address of Current Registered Agent

**NOWAK, ANDREW II  
3162 NW 88TH AVE.  
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81 Name

**Alonso Roman**

82 Street Address (P.O. Box Number is Not Acceptable)

**833 NW 104 WAY**

83

84 City

**CORAL SPRINGS**

FL

85 Zip Code

**33071**

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

**1-26-98**

Signature typed or printed (Type if registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**P**

**NOWAK, ANDREW II**

**3162 NW 88TH AVE.**

**SUNRISE FL 33351**

**ST**

**NOWAK, JODI**

**3162 NW 88TH AVE.**

**SUNRISE FL 33351**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**Alonso Roman**

**833 NW 104 WAY**

**CORAL SPRINGS, FL 33071**

☐ Change ☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

**1-26-98**

**954-221-7230**

**1-26-98**

CR2E034 (10/97)