

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90119 003 ***150.00

DOCUMENT # P97000013882

1. Corporation Name

A & B LAWNBUSTERS LAWN SERVICES, INC.

Principal Place of Business

8835 RAMBLEWOOD DRIVE, APT. 1612
CORAL SPRINGS FL 33071

Mailing Address

8835 RAMBLEWOOD DRIVE, APT. 1612
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1997

4. FEI Number

59-3426817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7610 WESTWOOD DR
Suite, Apt. #, etc.

22 APT 121

City & State

23 TAMARAC FLA

Zip Country

24 33321

2a. Mailing Address

26 P.O. Box 771532
Suite, Apt. #, etc.

27

City & State

28 CORAL SPRINGS FLA

Zip Country

29 33077

30

9. Name and Address of Current Registered Agent

ACOSTA, ALBERTO

8835 RAMBLEWOOD DRIVE, APT. 1612
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 D ☐ DELETE

NAME ACOSTA, ALBERTO

STREET ADDRESS 8835 RAMBLEWOOD DRIVE, APT. 1612

CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☐ DELETE

NAME ACOSTA, MARIA MARGARIT

STREET ADDRESS 8835 RAMBLEWOOD DRIVE, APT. 1612

CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☐ DELETE

NAME BUENO, WALTER

STREET ADDRESS 8835 RAMBLEWOOD DRIVE, APT. 1612

CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D ☐ DELETE

NAME BUENO, PERLA

STREET ADDRESS 8835 RAMBLEWOOD DRIVE, APT. 1612

CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-341-2044

0169112

CR2E034 (11/98)