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

PROFIT CORPORATION ANNUAL REPORT 1998

CITY - ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 16 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000027091 (2)						
	AY LAWN CARE, INC.	•	•			
1111111111	AT ENVIRONMENT INC.				C PREDICED AT BY CONTRACT MEDICAL PROPERTY OF THE CONTRACT OF	HT 11#1 FEE
Principal Place of Business Mailing Address					r remissant lin restr sents annin eesst notte antin statt sents metro to	18) H1 EB\$
20660 CHARII	NG CROSS CIR	20660 CHARING CROSS	SCIR			
ESTERO FL 3	33928	ESTERO FL 33928			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					03/21/1997	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	pplied For
21		26		<u>. </u>	650737296 N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					! E Contitionate of Status Decired	Additional
27					Fee R	equired
City & State City & State						May Be to Fees
Zip	Country	Zlp	Cou	entry	8. This corporation owes or has paid the current year In	
24	25	29	30			No
	g. Name and Address of Current	Registered Agent		Ĺ <u> </u>	10. Name and Address of New Registered Agent	
SM	ITH, MARK LEE			81 Name		
20660 CHARING CROSS CIR				82 Street Ac	Idress (P.O. Box Number is Not Acceptable)	
ESTERO FL 33928					The state of the s	
				83]
				84 City	85 Zip	Code
dd Dianian	1 to	and COZ (EOC Elevido State			FL 63 25	to an oriotous d
office or r	egistered agent, or both, in the State of	of Florida, Such change was	authorize	d by the corpor	orporation submits this statement for the purpose of changing i ration's board of directors. I hereby accept the appointment as	registered
	m familiar with, and accept the obligat	tions of, Section 607.0505, F	-lorida Stat	rutes.		ŀ
SIGNATURE	Signature, typed or printed name of registered agen-	t and title if applicable. (NC	TE, Registere	d Agent signature rec	quired when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	IS IN 12
TITLE	D	☐ DELETE	1.1 Tř	TLE	Change	Addition
NAME			1.2 N	VME		[2
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NAME	ACKERMAN, BRAD 20660 CHARING CROSS CIR		2.2 N/	REET ADDRESS	•	Į.
STREET ADDRESS CITY-ST-ZIP	ESTERO FL 33928			ITY-ST-ZIP		ł
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name Street address				REET ADDRESS		,
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14. I hereby certify that the information supplied with this filling 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on a tatachment with an active security of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if changed, or on a tatachment with an active security of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if changed, or on a tatachment with an active security of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 employees.