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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000033386 (8)

FILED Apr 29 1998 8:00am Secretary of State

нам	LAWNCAKE, INC.									
Principal Plac	e of Business	Mailing Add	ress				N 188 18111 18841 18 931 88113 8	81/1 83/48 (17 8 8	U(0 9 140 101	T 1001
7801 LAKESIDE BLVD. 7801 LAKESIDE BLVD.						1				
TAMPA FL 33614 TAMPA FL 33614						1	DO NOT WRIT	E IN THIS S	PACE	
						3 Date Inc.	orporated or Qualified		AUE	
						04/14/	,			
2. Principal P	lace of Business	2a, Mailing A	ddress			4. FEI Num	ber		Ap	plied For
21 SA1	SVOOR CA SM	26 ABOVE				59	- 343887	1		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				e of Status Desired		\$8.75	Additional	
22		27			5. Certingai	e or Status Desired		Fee Re	quired	
City & State	9	City & State				Campaign Financing		\$5.00		
23		28		0			nd Contribution		Added t	
Z _i p 24	Country	Zip	, 			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
24]	25 g_ Name and Address of Curr	29 ant Registered Age				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
418			···	81	Name /	`	0 11	- g		
AMERILAWYER CHARTERED					K	OBERT	Kosello			
343 ALMERIA AVENUE CORAL GABLES FL 33134					Street Addr		lumber is Not Accepte			
0	TAL GABLES FL 33134			83	1000	<u> </u>	CHINFORD ~	<u> </u>		
									, ,	
				64	City —	AMPA		FL	85 Zip (3604
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, F	lorida Statutes,	the above	named corp	poration submits	this statement for the		changing it	s registered
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.										
	Color to		307.0303, Fioric	Ja Statutes	, .		4	واددا	8	
SIGNATURE	Signature, typing or photod name of registered a	igent and title if applicable	(NOTE FI	lugistored Age	int signature requir	red when reinstating)		DATE	<u> </u>	
12.		ND DIRECTORS		13.		ADDITION	IS/CHANGES TO OFF	ICERS AND		
THLE	PTD	L.] DELETE	1.1 TITLE					Change	Addition
NAME	ROSELLO, ROBERT			1.2 NAME						
STREET ADDRESS	7801 LAKESIDE BLVD.			1.3 STREET	AODRESS					J
CITY-ST-ZIP	TAMPA FL 33614		1 65 55	1.4 City-S	T-ZIP				-1-a:	T-1 4 4 190
TITLE	SVD	L.] DEFELE	2.1 TITLE					Change	☐ Addition
NAME	SOLAR, MANUEL J JR			2.2 NAME						
STREET ADDRESS	7801 LAKESIDE BLVD.			2.3 STREET	- 1					Į
CITY-ST-ZIP	TAMPA FL 33614		DELETE	2.4 CITY-S	ST-ZIP				Change	Addition
TITLE NAME		L.	ן טוננינ	3.1 TITLE 3.2 NAME				'	Unange	AUGUST
STREET ADDRESS				3.2 NAME	ADDRESS					ļ
CITY-ST-ZIP				3.3 STREET						1
TITLE		Г	DELETE	4 1 THTLE	n - 40		1.1.		Change	Addition
NAME		_		4 2 NAME				,		
STREET ADDRESS				4 3 STREET	ADDRESS					
CITY-ST-ZIP				4.4 CITY-S						
TITLE			DELETE	5.1 TITLE					Change	Addition
NAME		_		5.2 NAME	1				_	
STREET ADDRESS				5.3 STREET	ADDRESS					1
CITY-ST-ZIP				5.4 CITY-S						İ
TITLE			DELETE	6.1 TITLE					Change	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREET	ADDRESS					ļ
CITY-ST-ZIP				6.4 CITY-S	T-ZIP					

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.

4/22/98