


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

FILED

May 01 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 # P97000046777 (3) 1. Corporation Name MOWER MEDIC INC.			
Principal Place of Business 383 RALEIGH PLACE OVIEDO FL 32765		Mailing Address 383 RALEIGH PLACE OVIEDO FL 32765	
2. Principal Place of Business 21 2224 10th Street Suite, Apt. #, etc. 22		2a. Mailing Address 26 2224 10th Street Suite, Apt. #, etc. 27	
City & State 23 Orlando, FL. Zip 24 32820 Country 25 Orange		City & State 28 Orlando, FL. Zip 29 32820 Country 30 Orange	
9. Name and Address of Current Registered Agent WAMBACH, JOHN P 383 RALEIGH PLACE OVIEDO FL 32765			
10. Name and Address of New Registered Agent 81 Name WAMBACH, JOHN P. 82 Street Address (P.O. Box Number is Not Acceptable) 2224 10th Street 83 84 City Orlando FL 85 Zip Code 32820			
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 <i>John P. Wambach</i> <i>John P. Wambach</i> 4/21/98 Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP			
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
6.1 TITLE 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.			
SIGNATURE: <i>John P. Wambach</i> <i>John P. Wambach</i> 4/21/98 (407) 568-2982			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/28/1997	
4. FEI Number 59-3450116	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CR2E034 (10/97)