

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

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Jun 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000071578 (3)

1. Corporation Name
J.U.M. LAWN MAINTENANCE, INC.

Principal Place of Business
16895 73RD CT N
LOXAHATCHEE FL 33470

Mailing Address
16895 73RD CT N
LOXAHATCHEE FL 33470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/18/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0777205	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent

LLANES, MARGARITA Llanes, Uel
16895 73RD CT N
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81	Name	Llanes, Uel	
82	Street Address (P.O. Box Number is Not Acceptable)		
83	City	Same	
84	Zip Code	FL	85

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 Uel Llanes Uel Llanes 5/1/98
(Signature of Registered Agent or person authorized to act as agent and the Approver) (Name of Registered Agent signature required when translating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	LLANES, UEL	1.2 NAME	
STREET ADDRESS	16895 73RD CT N	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	1.4 CITY-ST-ZIP	
TITLE	LLANES, MARGARITA	2.1 TITLE	
NAME	LLANES, MARGARITA	2.2 NAME	
STREET ADDRESS	16895 73RD CT N	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	2.4 CITY-ST-ZIP	
TITLE	LLANES, Margarita	3.1 TITLE	
NAME	16895-73rd North	3.2 NAME	
STREET ADDRESS	Loxahatchee FL 33470	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 addition to the list.

SIGNATURE Uel Llanes Uel Llanes 5/1/98
(Signature of Registered Agent or person authorized to act as agent and the Approver) (Name of Registered Agent signature required when translating) DATE

CR2E034 (10/97)