

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90148 019 ***150.00

0136198

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000083588

1. Corporation Name
GREEN DREAM LAWN SERVICE, INC.

Principal Place of Business 2300 NORTH 20TH AVE., #A HOLLYWOOD FL 33020	Mailing Address 2300 NORTH 20TH AVE., #A HOLLYWOOD FL 33020
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2335 MCKINLEY STREET Suite, Apt. #, etc.	2a. Mailing Address 26 2335 MCKINLEY STREET Suite, Apt. #, etc.
22 City & State Hollywood, FL	27 City & State Hollywood, FL
23 Zip Country 33020 USA	29 Zip Country 33020 USA

3. Date Incorporated or Qualified 09/25/1997	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0783490	
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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TELLO, CARLOS
 2300 NORTH 20TH AVE., #A
 HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name CARLOS TELLO
82 Street Address (P.O. Box Number Not Acceptable) 2335 MCKINLEY STREET
83
84 City State Zip Code Hollywood FL 33020

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 *Carlos Tello* DATE **01/18/99**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DPT	<input type="checkbox"/> DELETE
NAME TELLO, CARLOS	
STREET ADDRESS 2300 NORTH 20TH AVE., #A	
CITY-ST-ZIP HOLLYWOOD FL 33020	
TITLE DVS	<input type="checkbox"/> DELETE
NAME CALDERON, SILVIA	
STREET ADDRESS 2300 NORTH 20TH AVE., #A	
CITY-ST-ZIP HOLLYWOOD FL 33020	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME CARLOS TELLO	
1.3 STREET ADDRESS 2335 MCKINLEY STREET	
1.4 CITY-ST-ZIP HOLLYWOOD, FL 33020	
2.1 TITLE D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME SILVIA CALDERON	
2.3 STREET ADDRESS 2335 MCKINLEY STREET	
2.4 CITY-ST-ZIP HOLLYWOOD, FL 33020	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carlos Tello* DATE **01/18/99** DAYTIME PHONE # **(954)927-7531**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)