PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90033 042 ***150.00

DOCUMENT # P98000046295

LAWNSHAPERS OF CENTRAL FI	LORIDA, INC.			
Principal Place of Business	Mailing Address	· · · ·	1 1891/691 (to faser reit) 49411 aet	IS BOILD MEST OCHES OFFICE TYPING INTELLIGING AND
421 E. CENTER ST. ALTAMONTE SPRINGS FL 32701 421 E. CENTER ST. ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701		701	DO NOT WRIT	E IN THIS SPACE
			 Date incorporated or Qualified 05/19/1998 	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3513360	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		5. Certificate of Status Desired	- Fee Required -
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28	7:	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the curre	
24 25	29 3	ю	Personal Property Tax.	Yes No
9. Name and Address of Cu	irrent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
KAST, SUSAN		61 143016		
421 E. CENTER ST.		82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)	
ALTAMONTE SPRINGS FL 32701	1	83		
ACIMIONIE DI IMIGOTE GETTI		63		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607	.0502 and 607.1508, Florida Statutes	; the above-named or	orporation submits this statement for the	purpose of changing its registered
11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent. I am familia with, and accept the SIGNATURE	XUSC XI VI	the above-named or horized by the corpor la Statutes.	jured when ministring)	0ATE 199
SIGNATURE Signature, typed or printed name of editioner	d affent and title if applicable. (NOTE: RIS AND DIRECTORS	legistered Agent signature req	ured when reinstating) ADDITIONS/CHANGES TO OFF	DATE SAND DIRECTORS IN 12
SIGNATURE Signature, typed or brinsed name of efficience 12. OFFICERS	d agent and side if applicable. (NOTE: R	legistered Agent signature req	jured when ministring)	0ATE 199
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14. I hereby certify that the information supplied with this filting 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, wittigall other like empowered.

SIGNATURE: &