


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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90008 020 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000058896					
1. Corporation Name EXCLUSIVE PEST CONTROL, INC.					
Principal Place of Business 1009 NORTH OCEAN BOULEVARD UNIT 108 POMPANO BEACH FL 33062			Mailing Address 1009 NORTH OCEAN BOULEVARD UNIT 108 POMPANO BEACH FL 33062		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1500 SE 3rd Court		26		07/02/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 221		27		65-0848374	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Deerfield Beach, FL		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33441		25 US		29 30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			81 Name George Hromulak		
			82 Street Address (R.O. Box Number is Not Acceptable) 1009 N. Ocean Blvd		
			83 Apt # 108		
			84 City Pompano Beach FL 85 Zip Code 33062		
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 George P Hromulak (NOTE: Registered Agent signature required when reinstating) 1/11/99					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
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: **George P Hromulak** 1/11/99 (954) 421-1610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)