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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000061038

1. Corporation Name

LAWNCARE DESIGN, INC.

## FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90114 012 \*\*\*150.00

	<b>                                    </b>	<b>       </b>	

							(11 <b>1</b> 1 111 1111	,
Principal Place	e of Business	Mailing Address	_		I (##)(##) (19 - 1919) (#))) ( #)		)11 <b>01</b> 1011 1001	
3630 N.W. 118T	H AVE#7	3630 N.W. 118TH AVE#7						
CORAL SPRING	S FL 33065	CORAL SPRINGS FL 33065		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
					07/09/1998	· · · · · · · · · · · · · · · · · · ·		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 65-0893628	<b>⊢</b> + · · ·	olied For	ì	
21		26		PZ-00 126 =0		Applicable	í	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required			
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip Country		ntry	8. This corporation owes the current year Intangible			
24	25	29	9 30		Personal Property Tax.			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent		
				81 Name				
	DRE, THOMAS M		ŀ	82 Street Add	tress (P.O. Box Number is Not Acceptable)			
	N.W. 118TH AVE.,#7 AL SPRINGS FL 33065			83	dios (1.0. box rumes) is not recognistely			
	•					85 Zip C	ode	
			ŀ		FL	.     `		
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	utborized	by the comorat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoi	ntment as reg	istered	
SIGNATURE								
0.010110112	Signature, typed or printed name of registered age		Registered	Agent signature requir				€
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN			(11/98)
TITLE	P	☐ DELETE	1.1 TIT	LE		Change	☐ Addition	Ξ
NAME LEPORE, THOMAS M			1.2 NA	ME				2
STREET ADDRESS 7702 N.W. 18TH COURT			1.3 STI	REET ADDRESS				CR2F034
CITY-ST-ZIP	MARGATE FL 33063		_	Y-ST-ZIP				ģ
TITLE	VP	☐ DELETE	2.1 TIT	LE		Change	☐ Addition }	_
NAME	ADOLPH, STEPHEN P		2.2 NA	ME				
STREET ADDRESS	12461: S.W1STSTREET							_
CITY-ST-ZIP_	CORAL SPRINGS FL 33071		23 STI	REET ADDRESS		<del>, , , , , , , , , , , , , , , , , , , </del>		
TITLE	COUNT OF THE COOL			REET ADDRESS TY-ST-ZIP				
	COUNT OF MINOS I E GOOT	☐ DELETE		TY-ST-ZIP		Change	Addition	
NAME	OCIAL OF MINOS PERSON	DELETE	2. 4 CF	TY-ST-ZIP LE		Change	Addition	
NAME STREET ADDRESS	COINE OF THE COURT	DELETE	2. 4 Cf 3.1 TIT 3.2 NA	TY-ST-ZIP LE		☐ Change	Addition	
	COLLEGE FUNCTION TO THE COLLEGE FOR	DELETE	2. 4 CF 3.1 TIT 3.2 NA 3.3 STI	IY-ST-ZIP LE ME		Change	Addition	
STREET ADDRESS	COLLEGE STATE OF THE COLLEGE S	☐ DELETE	2. 4 CF 3.1 TIT 3.2 NA 3.3 STI	IY-ST-ZIP LE ME REET ADORESS IY-ST-ZIP		☐ Change	Addition	
STREET ADDRESS	COLLEGE VILLOGE PER COLLEGE PE		2. 4 CF 3.1 TIT 3.2 NA 3.3 STI 3.4. CF	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE				
STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OTAL STRANGE (2 3397)		2. 4 Cf 3.1 TIT 3.2 NAJ 3.3 STT 3.4 Cf 4.1 TIT 4. 2 NA	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OTAL STRANGE (2 3397)		2. 4 CF 3.1 TIT 3.2 NAI 3.3 STI 3.4. CF 4.1 TITE 4.2 NAI 4.3 STI	IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS				
STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OTTAL STRANGE TE SSOFT		2. 4 CF 3.1 TIT 3.2 NAI 3.3 STI 3.4. CF 4.1 TITE 4.2 NAI 4.3 STI	IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OTTAL OF FUNCTION TO THE OWNER.	☐ DELETE	2. 4 CF 3.1 TIT 3.2 NAJ 3.3 STI 3.4. CF 4.1 TIT 4.2 NA 4.3 STI 4.4 CF	IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE		☐ Change	☐ Addition	
STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	COUNTY OF THE COUNTY	☐ DELETE	2. 4 CF 3.1 TITI 3.2 NAI 3.3 STI 4.1 TITI 4. 2 NAI 4.3 STI 4.4 CIT 5.1 TITI 5.2 NAI	IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OTTAL OF NATION (2 SOUT)	☐ DELETE	2. 4 CF 3.1 TIT 3.2 NAJ 3.3 ST 3.4 CF 4.1 TIT 4.2 NA 4.3 ST 4.4 CF 5.1 TIT 5.2 NAJ 5.3 ST	IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  ME  ME  ME  ME		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OTTAL OF NINCOTE SOUTH	☐ DELETE	2. 4 CF 3.1 TIT 3.2 NAJ 3.3 ST 3.4 CF 4.1 TIT 4.2 NA 4.3 ST 4.4 CF 5.1 TIT 5.2 NAJ 5.3 ST	IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS		☐ Change	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE		☐ DELETE	2. 4 CF 3.1 TIT 3.2 NAI 3.3 STT 4.1 TIT 4.2 NAI 4.3 STT 4.4 CIT 5.1 TITT 5.2 NAI 6.3 STT 6.2 NAI 6.3 STT	IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP		☐ Change	☐ Addition	

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.

SIGNALURE PACURE PACES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

954-345-5296