PROFIT CORPORATION ANNUAL REPORT

-- 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000079278

A. HERNANDEZ LAWN MAINTENANCE, INC.

FILED Mar 23, 1999 8:00 am **Secretary of State**

03-23-1999 90026 012 ***150.00



Principal Place of Business Mailing Address 2030 N.W. 1ST ST. BOYNTON BEACH FL 33435 2030 N.W. 1ST ST. **BOYNTON BEACH FL 33435** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/14/1998 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number La -La - 2, 200 -Not Applicable 26 21 <u>65-0863256</u> \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 Zip Country 8. This corporation owes the current year intangible Zip Country X Yes 25 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HERNANDEZ, ALEX Street Address (P.O. Box Number is Not Acceptable) 2030 N.W. 1ST ST. **BOYNTON BEACH FL 33435** 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applica CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DFLETE TITLE ALEX HERNANDEZ 12 NAME NAME 2030 N.W. 1st STREET 1.3 STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL. 33435 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 21 TITLE TITLE 22 NAME . NAME 23 STREET ADDRESS STREET ADDRESS 2. 4 CTTY-ST-ZIP CITY-57-ZIP Addition DELETE 31 TIDE TITLE 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 41TMF me 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition me ☐ DELETE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE TITLE 8.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 8.4 CITY-ST-ZIP 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

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ALL STATISTICS REQUIRED SIGNATURE AND TYPED OR PRINTED AND OFFICER OR DIRECTOR