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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S22868 (1)
1. Corporation Name
TROPICAL LAWN CARE AND MAINTENANCE, INC.



Principal Place of Business: 8055 SOUTH MILITARY TRAIL BOYNTON BEACH FL 33436
Mailing Address: 8055 SOUTH MILITARY TRAIL BOYNTON BEACH FL 33436-1501

3. Date Incorporated or Qualified: 01/04/1991
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 25 Suite, Apt. #, etc.; 26 City & State; 27 Zip; 28 Country

4. FEI Number: 65-0235333
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

g. Name and Address of Current Registered Agent: MURRAY, DAVID, 8100 HAVERHILL EST. SOUTH BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address; 83; 84 City; 85 Zip Code (FL)

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 type for printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 columns: OFFICERS AND DIRECTORS. Includes fields for Title, Name, Street Address, City-St-Zip, and a Delete checkbox.

Table with 13 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-St-Zip, and Change/Addition checkboxes.

14. I do 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.

SIGNATURE: David Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/14/97
Daytime Phone: (561) 734-1391

CR2E034 (9/96)