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

PROFIT GORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Tham
Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # 543810 1. Corporation Name Az M. Lawn Service, Inc.

Principal Place of Business

Mailing Address

4950 5. W. 111th Terr

Fo	nt 1	ha	udera	dale	2, Fl	·33	328	3. Date Incorporated or Qualified	3a. Date of I	وأستأنست أنا	
2. Principal F	lace of Busin	ness			ng Address			4. FEI Number	14-20	Applied Fr	
50 me				26	26			65-0258972 Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.					0.0	.75 Addition	
22				27				5. Certificate of Status Desired		ee Required	
City & Stat	te		· · · · · · · · · · · · · · · · · · ·	City & State				6. Election Campaign Financing	\$1	5.00 May Be	
23				28				Trust Fund Contribution Added to Fees			
Zip	Zip Country			Zip Cou			у	8. This corporation has liability for intangible tax under s. 199.032,			
24	25			29	29 30			Florida Statutes Yes No			
	9. Name	and A	Address of Current	Registered	legistered Agent			10. Name and Address of New Registered Agent			
	<b>~</b> ·		0			8.	i Name				
•	Simo	N.	DayNe				Street Add	Iress (P.O. Box Number is Not Accepta	hin)		$\dashv$
	7	/ <sup>*</sup> .	- 1	+		82	. Sileel Add	ress (ro. box Number is Not Acceptable)			
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11. Pursuant	to the provis	sions of	Sections 607 0502	and 607 150	B. Florida Statu	es the abov	re-named corr	noration submits this statement for the	nurnose of chang	ging its regist.	torod
office or I	registered ac	gent, or	both, in the State of	f Florida Suc	ch change was	authorized b	y the corpora	ition's board of directors. I hereby acce	pt the appointme	ant as register	red
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 little if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE											
10	Signature, typed	or printe	<del></del>				ont signature requ	ired whon reinstating)	DATE		
12. Title	<b>5</b>	7	OFFICERS AND	DIRECTORS	DELET <b>E</b>	13.	<del></del>	ADDITIONS/CHANGES TO OFFI	CERS AND DIRE		
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NAME Ray Anderson				. 1	1						
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14. I do herel	by certify tha	it the in	formation supplied	with this filing	does not quali	fy for the ex-	motion states	d in Section 119.07(3)(i). Florida Statute	s. 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 path; 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: Rays Milesser

4-78-97 954-434-4265

**FILED** 

May 28 1997 8:00am

Secretary of State