

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S62301 (4)

1. Corporation Name

SARUBBI'S LAWN SERVICE, INC.

Principal Place of Business

Mailing Address

7504 N.W. 40TH ST.
CORAL SPRINGS FL 33065

7504 N.W. 40TH ST.
CORAL SPRINGS FL 33065



2. Principal Place of Business

2a. Mailing Address

21 514 GARDENS DRIVE #203

26 514 GARDENS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 POMPANO BEACH, FL

27 #203

City & State

City & State

23 POMPANO BEACH - FL

24 33069 25 USA 29 33069 30 USA

24 33069 25 USA 29 33069 30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/26/1991

3a. Date of Last Report

08/25/1995

4. FEI Number

65-0273899

Applied For

Not Applicable

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 No

10. Name and Address of New Registered Agent

TILLEM SCOTT
3284 NW STATE RD 7
LAUDERDALE FL 33319

81 Name

ERCOLES A. SOUZA

82 Street Address (P.O. Box Number is Not Acceptable)

514 GARDENS DRIVE #203

83

84 City

POMPANO BEACH

FL

85 Zip Code

33069

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]

(NOTE: Registered Agent's signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SARUBBI, TELMO
STREET ADDRESS 7504 N.W. 40TH ST.
CITY-ST-ZIP CORAL SPRINGS FL

TITLE SV
NAME SARUBBI, LUCIENE
STREET ADDRESS 7504 NW 40 STR
CITY-ST-ZIP CORAL SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD
12 NAME SOUZA, ERCOLES A.
13 STREET ADDRESS 514 GARDENS DRIVE #203
14 CITY-ST-ZIP POMPANO BEACH-FL-33069

21 TITLE SV
22 NAME BASTOS, ANDREA S.
23 STREET ADDRESS 514 GARDENS DRIVE #203
24 CITY-ST-ZIP POMPANO BEACH-FL-33069

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (3/96)