Apr 26, 1999 8:00 am Secretary of State

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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 # **S66570**

1. Corporation Name

| LAWNS BY MARK, INC. | | | | | | | | | | | | |
|--|--|---------------|-------------------------|------------------------|-------------|--------------------|--|---|---------------------------------|-------------------|----------------------|---------------------|
| | · | | | | | | _ | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | | | | |
| 4111 GARDEN | | | GARDEN AVE | _ | | | 1 | | | | | |
| WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 | | | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | , | Date Incorporated or Qualifed 07/12/1991 | <u> </u> | | <u> </u> | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | | | FEI Number | | | Appl | ied For |
| 21 | | | 26 | | | | | 65-0283213 Not Applicable | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional | | | | | |
| 22 | = | 27 | | | <u>.</u> | <u></u> | | Certificate of Status Desired | | Fe | e Req | uired |
| City & State | e | | City & State | | | | 6. | Election Campaign Financing | | | . 00 ⋈ | , , |
| 23 | | 28 | | | | | | Trust Fund Contribution | | | ded to | Fees |
| Zip | | | | ¬ | Country | | | 8. This corporation owes the current year Intengible | | | | |
| 24 | 25 29 30 | | | | | | | Personal Property Tax. Syes No. 10. Name and Address of New Registered Agent | | | | |
| | 9. Name and Address of Curre | nt Regist | ered Agent | | a t | Name | 10, | Name and Address of New | Registered A | agent | | |
| CTAR | MIGI AWOKI MADK C | | | 8 | 1 | Name | | | | | | |
| STANISLAWSKI, MARK S 4111 GARDEN AVE | | | | | 2 | Street Add | iress (P | .O. Box Number is Not Accept | able) | | | |
| WEST PALM BEACH FL 33405 | | | | | _ | | | | | | | |
| WES | FALM BEACH FE 33403 | | | 8 | 3 | | | | | | | |
| | | | | - { | 4 | City | | | FL | 1 1 | Zip Co | |
| office or r | to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig | a of Florid | s. Such changa was auti | nonzea n | IV T | ina comona: | poratior ion's bo | n submits this statement for the pard of directors. I hereby acce | purpose of option pt the appoin | changir itment | ng its re as regi | egistered stered |
| SIGNATURE | | | | | | | | | DATE | | | |
| | Signature, typed or printed name of registered ag | | | | jent | t signature requir | | ADDITIONS/CHANGES TO OF | | D DIBE | CTOR | S IN 12 |
| 12. | OFFICERS A | ND DIRE | DELETE | 13. | | | | ADDITIONS/CHANGES TO OF | FIOLIS AN | ☐ Cha | | Addition |
| TITLE | STANISLAWSKI, MARK S | | _ DELETE | 1.2 NAME | | | | | | _ | • | _ |
| NAME | 4111 GARDEN AVE | | | | | ADDRESS | | • | | | | |
| STREET ADDRESS | WEST PALM BCH FL | | | 1,4 CITY- | | | • | | | | | |
| CITY-ST-ZIP | WEST FALM BOTTE | - | ☐ DELETE | 2.1 TITLE | _ | -217 | | | | Cha | inge | Addition |
| TITLE | | | | 2.2 NAME | | İ | | | | _ | • | _ |
| NAME | | | | 4 | | ADDRESS | | | | | | |
| STREET ADDRESS | | | | | | i | | | | | | |
| CITY-ST-ZIP | <u> </u> | | DELETE | 2. 4 CITY 3.1 TITLE | _ | 1-ZIP . | | <u> </u> | | Cha | ange | Addition |
| III/E | | | 5 202.2 | 3.2 NAME | | | | | | | - | _ |
| NAME | • | | | II. | | ADDRESS | | | | | | |
| STREET ADDRESS | | | | 3.4. CITY | | 1 | | | | | | |
| CITY-ST-ZIP | | | ☐ DELETE | 4.1 TITLE | _ | 1-217 | | | | Ch | ange | Addition |
| TITLE | | | - VELLIL | 4.1 311LE | | } | | | | _ | - | |
| NAME | | | | | | ADDDECC | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | • | | | | |
| CITY-ST-ZIP | ! | | | 4.4 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 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

πιE

NAME

TITLE

NAME

DELETE

DELETE

Addition

Addition

☐ Change

Change