FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V53465** **(3)**

1. Corporation Name
BUGSAWAY EXTERMINATING SERVICE, INC.

Principal Place of Business
1844 SANDRA LN
WEST PALM BEACH FL 33406
US

Mailing Address
P. O. BOX 17943
WEST PALM BEACH FL 33416
US

3. Date Incorporated or Qualified: **07/28/1992**
3a. Date of Last Report: **04/14/1995**

4. FEI Number: **65-0364313** [ ] 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

2. Principal Place of Business
21 1813 WOODHAVEN DRIVE
Suite, Apt. #, etc.
22
City & State
23 WEST PALM BEACH, FL
Zip 24 33406 Country 25 PALM BEACH

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

ANWAR, MAHMOOD
1759 KEENLAND CIR
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name ANWAR, MAHMOOD
82 Street Address (P.O. Box Number is Not Acceptable) 1813 WOODHAVEN DRIVE
83
84 City WEST PALM BEACH, FL 85 Zip Code 33406

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: N. Mahmood Anwar (MAHMOOD ANWAR) 4/6/96
Signature typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature on line above required) — DATE

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: ANWAR, MAHMOOD
STREET ADDRESS: 1759 KEENLAND CIR
CITY-ST-ZIP: WEST PALM BEACH FL
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

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CITY-ST-ZIP
[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D [✓] Change [ ] Addition
1.2 NAME ANWAR, MAHMOOD
1.3 STREET ADDRESS 1813 WOODHAVEN DRIVE
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33406

2.1 TITLE [ ] Change [ ] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE [ ] Change [ ] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE [ ] Change [ ] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE [ ] Change [ ] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE [ ] Change [ ] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: N. Mahmood Anwar MAHMOOD ANWAR, 4/6/96 (407)969-1535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)