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

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V64835

(4)

Mailing Address

BROTHERS LAWN SERVICE CORP.

FILED
May 02 1997 8:00am
Secretary of State

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4350 BAILEY RD FT. LAUDERDALE FL 33319 US			4350 BAILEY RD FT. LAUDERDALE FL 33319-2756 US													
										3. Date inc 09/18/	corporated or Qualification (1992)	j,	ate of L 1 <mark>09/19</mark>		eport	
2. Principal Place of Business				2a. Mailing Address			4. FEI Num	nber	··································	Applied For						
Sulte, Apt. #, etc.			26]	Suite, Apt. #, etc.			¢0.75			t Applicable	-					
22			27			5. Certifica	ite of Status Desired				quired					
City & State		28	City & State		1	Campaign Financing	g []	\$5.00 May Be Added to Fees								
Zip	-	Country		Zip Country				1			intangible tax under s. 199.032, Yes No					
24	25 29 29 3, Name and Address of Current Registered Agent					30	Ī	Florida Statutes						-		
SOT	O, CARLOS	5 M.						81	Name							1
4350 BAILEY ROAD FORT LAUDERDALE FL 33319							82	Street Ad	Idress (P.O. Box I	Number is Not Acce	ptable)				+	
FUR	(I LAUDERL	JALLE PL 33	318					В3								1
								84	City			FL	85	Zip (Code	1
11. Pursuant	to the provision	ons of Sectio	ns 607.0502 a	and 6	307.1508, Flor	ida Statut	es, the a	pove	e-named co	orporation submits	s this statement for t	he purpose c	f chang	jing iti	s registered	\dashv
					da Such cha d, Section 607					ration's board of d	directors. I hereby a	ccept the app	oointmo	nt as	registered	
SIGNATURE																
12.	Signature, typed		registered agent a ICERS AND I			(NOT	f : flegistore	d Age	nt signature res	quired when reinstating)	NS/CHANGES TO O	DATE EEICERS ANI) DIDE	TOP	C INI 12	4,
TITLE	PVPS	Ort	IOCHS AND I	DINE		ELETE	111	TI F		ADDITIO	13/OFFANGES TO OF	TIOLIS AN	Ch		Addition	- }
NAME		CARLOS M.					12 N]:
STREET ADDRESS		EY ROAD							ADDRESS							
CITY-ST-ZIP		ERDALE FL	,						T- 2IP							
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NAME							3.2 N	AME								
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NAME							6.2 N	AME								
STREET ADDRESS							6.3 S	TREET	ADDRESS							
CITY-ST-ZIP							6.4 C	ITY · S	1-ZIP							

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: Carlos M. Soto

ministo

4-20-97

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