

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.)

APPROVED
AND
FILED

96 SEP -6 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000048151 (3)
1. Corporation Name

MAJOR LEAGUE LAWN & LANDSCAPING SERVICE, INC.

Principal Place of Business: 2531 ARAGON BLVD. SUNRISE FL 33322
 Mailing Address: 4500 NW 59TH ST FT. LAUDERDALE FL 33319 US

3. Date Incorporated or Qualified: 06/30/1993
 3a. Date of Last Report: 08/14/1995
 4. FEI Number: 65-0423183
 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 Suite, Apt #, etc
 22 City & State
 23 Zip Country
 24 Zip Country
 25 Country
 26 Mailing Address
 27 Suite, Apt #, etc
 28 City & State
 29 Zip Country
 30 Zip Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SCHNAITMAN, TRACEY S.
4500 NW 59TH ST.
FT. LAUDERDALE FL 33319

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 City
 84 City
 85 Zip Code
 FL

3536 NW 73 Way
CORAL SPRINGS, FL 33065

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. Thereby accept the appointment as registered agent. I am not a partner, officer, director, or shareholder of the corporation.
 SIGNATURE: Tracey S. Schnaitman
 Date: 8/31/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHNAITMAN, JOHN C.	
STREET ADDRESS	4500 NW 59TH ST	
CITY- ST- ZIP	FT. LAUDERDALE FL	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	SCHNAITMAN, TRACEY S.	
STREET ADDRESS	4500 NW 59TH ST	
CITY- ST- ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	3536 NW 73 Way	
14 CITY- ST- ZIP	CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME	3536 NW 73 Way	
23 STREET ADDRESS	CORAL SPRINGS, FL 33065	
24 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

600001949986
 -03/18/95-81023-003
 ****225.00 ****225.00

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 included 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 in an attachment with an address.
 SIGNATURE: Tracey S. Schnaitman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: TRACEY S. SCHNAITMAN
 Date: 8/31/96 (954) 748-6182

CR2E034 (3/96)