

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 22 1997 8:00am
Secretary of State

DOCUMENT # J91736

(5)

1. Corporation Name
A1A LAWN CARE, INC.



Principal Place of Business

Mailing Address

% JEFFREY R. EISENSMITH, P.A.
ONE FINANCIAL PLAZA #1300
FT. LAUDERDALE FL 33394

% JEFFREY R. EISENSMITH, P.A.
ONE FINANCIAL PLAZA #1300
FT. LAUDERDALE FL 33394-0005

3. Date Inc
09/08/87

4. FEI Num
59-21

59-2844565

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate

6. Election
Trust Fu

8. This cor
Florida

9. Name and Address of Current Registered Agent

10. Name s

EISENSMITH, JEFFREY R. P.A.
ONE FINANCIAL PLAZA
#1300
FT. LAUDERDALE FL 33394

81 Name

82 Street Address (P.O. Box)

83

84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITION

TITLE D ☐ DELETE
NAME CHALFANT, JAMES W.
STREET ADDRESS 9465 S.W. 51ST PLACE
CITY-ST-ZIP COOPER CITY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 116 information indicated on this annual report or supplemental annual report is true and accurate and that my signature is I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required b appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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***165.00

4/22/97

SIGNATURE: James W. Chalfant 475-97 954-680-1541