

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

FILED

Feb 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 288654 (7)  
1. Corporation Name  
COLONIAL RIDGE MAINTENANCE CORP



Principal Place of Business Mailing Address  
306 EAST BOYNTON BEACH BLVD.  
BOYNTON BEACH FL 33435 306 EAST BOYNTON BEACH BLVD.  
BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/14/1965	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-6181722		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

GROMKO & PORTER, INC  
308 E. BOYNTON BEACH BLVD  
BOYNTON BEACH FL 33435

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

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 *[Signature]* 2/3/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAIBI, CHARLES	1.2 NAME	TAIBI, CHARLES
STREET ADDRESS	5505 N. OCEAN BLVD.	1.3 STREET ADDRESS	5505 N. OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE FL	1.4 CITY-ST-ZIP	OCEAN RIDGE, FL
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S INGHAM, GRANT	2.2 NAME	INGHAM, GRANT
STREET ADDRESS	5505 N. OCEAN BLVD.	2.3 STREET ADDRESS	5505 N. OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE FL 33435	2.4 CITY-ST-ZIP	OCEAN RIDGE, FL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T VALINE, MARGARET S	3.2 NAME	
STREET ADDRESS	5505 N OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KNEHR, DOROTHY	4.2 NAME	
STREET ADDRESS	5505 N OCEAN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D HALL, METTA	5.2 NAME	DESROCHES, RICHARD
STREET ADDRESS	5505 N. OCEAN BLVD.	5.3 STREET ADDRESS	5505 N OCEAN BLVD
CITY-ST-ZIP	OCEAN RIDGE FL 33435	5.4 CITY-ST-ZIP	OCEAN RIDGE, FLA
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	200002427482
NAME	O BURKE, ALFRED	6.2 NAME	-02/11/98--01019--015
STREET ADDRESS	5505 N. OCEAN BLVD.	6.3 STREET ADDRESS	***150.00
CITY-ST-ZIP	OCEAN RIDGE FL 33435-7001	6.4 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.

SIGNATURE *Margaret S Valine* MARGARET S VALINE, TREAS 2/3/98 561-137-0123

CR2E034 (10/97)