

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **583015** (3)

1. Corporation Name  
**A - 1 BUILDING SERVICES, INC.**



Principal Place of Business: **757 HIDDEN RIVER DR. PORT ST. LUCIE FL 34983**  
Mailing Address: **757 HIDDEN RIVER DR. PORT ST. LUCIE FL 34983**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Quoted	3a. Date of Last Report
21	State, Apt. #, etc.	26	State, Apt. #, etc.	<b>08/18/1978</b>	<b>01/18/1995</b>
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	City & State	<b>59-1845701</b>	Not Applicable
24	Country	29	City & State	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
25	Country	30	Country	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BODEM, LOREN E. 50 KINDRED STREET STUART, FLORIDA 33494</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				<b>FL</b>			

11. Pursuant to the provisions of Sections 607.0902 and 607.1605, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 607.0905, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1	NAME: <b>PD MIRET, PAUL J.</b>	13.1	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS: <b>757 HIDDEN RIVER DR.</b>		1.2 NAME:
	CITY - ST - ZIP: <b>PORT ST. LUCIE FL S</b>		1.3 STREET ADDRESS:
	12.2		1.4 CITY - ST - ZIP:
	NAME: <b>MIRET, CHRISTOPHER F.</b>		2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS: <b>757 SE HIDDEN RIVER DR.</b>		2.2 NAME:
	CITY - ST - ZIP: <b>PORT ST. LUCIE FL T</b>		2.3 STREET ADDRESS:
	12.3		2.4 CITY - ST - ZIP:
	NAME: <b>MIRET, KAREN M.</b>		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS: <b>757 HIDDEN RIVER DR.</b>		3.2 NAME:
	CITY - ST - ZIP: <b>PORT ST. LUCIE FL S</b>		3.3 STREET ADDRESS:
	12.4		3.4 CITY - ST - ZIP:
	NAME: <b>MIRET, JEFFREY S.</b>		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS: <b>757 SE HIDDEN RIVER DR.</b>		4.2 NAME:
	CITY - ST - ZIP: <b>PORT ST. LUCIE FL</b>		4.3 STREET ADDRESS:
	12.5		4.4 CITY - ST - ZIP:
	NAME:		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS:		5.2 NAME:
	CITY - ST - ZIP:		5.3 STREET ADDRESS:
	12.6		5.4 CITY - ST - ZIP:
	NAME:		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
	STREET ADDRESS:		6.2 NAME:
	CITY - ST - ZIP:		6.3 STREET ADDRESS:
	12.7		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 supplementary 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 both in and changed, with an address.

SIGNATURE: \_\_\_\_\_ DATE: **2/2/94**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ D.B. # \_\_\_\_\_  
D.B. # **407 878 1188**

CR2E034 (12/95)