

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

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 639344 (1)
 1. Corporation Name:
PRESERVATION SERVICES, INC.



Principal Place of Business 2609 EAST BROADWAY TAMPA FL 33605	Mailing Address 2609 EAST BROADWAY TAMPA FL 33605-4103
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3. Date Incorporated or Qualified 10/10/1979	3a. Date of Last Report 07/17/1996
4. FEI Number 59-1957674	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2609 E. Broadway Suite, Apt. #, etc.	2a. Mailing Address 26 2609 E. Broadway Suite, Apt. #, etc.
22 City & State 23 Tampa FL	27 City & State 28 Tampa FL
24 Zip 33605 25 Country us	29 Zip 33605 30 Country us

9. Name and Address of Current Registered Agent
**MORRISON, ANDREW S
 833 SEDDON COVE WAY
 TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	MORRISON, ANDREW S.
STREET ADDRESS	833 SEDDON COVE WAY
CITY-ST-ZIP	TAMPA FL
TITLE	S <input type="checkbox"/> DELETE
NAME	MORRISON, EILEEN I
STREET ADDRESS	833 SEDDON COVE WAY
CITY-ST-ZIP	TAMPA FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	HOWELL, ROBERT W
STREET ADDRESS	1923 BOW CT
CITY-ST-ZIP	VALRICO FL
TITLE	V <input type="checkbox"/> DELETE
NAME	William Eiserman
STREET ADDRESS	14043 Pam Drive
CITY-ST-ZIP	Brooksville, FL 34614
TITLE	V <input type="checkbox"/> DELETE
NAME	Dale Shaffer
STREET ADDRESS	3710 37th Street North
CITY-ST-ZIP	St. Petersburg, FL 33713
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  **Andrew S. Morrison 4/11/97 2481975**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)