SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # M22283 (9)U.S. BUILDING SERVICE, INC. Principal Place of Business Mailing Address 9000 W. SHERIDAN ST. 9000 W. SHERIDAN ST. **STE 109** STE 109 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 3. Date Incorporated or Qualified 3a. Date of Last Report US 10/22/1985 08/16/1995 Principal Place of Business Mailing Address 4. FEI Number Applied For 21 26 59-2600507 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation has liability for intangible tax under s. 199 032, 25 24 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZABLOCKI, JOHN P. 9000 W. SHERIDAN STR. 82 Street Address (P.O. Box Number is Not Acceptable) **STE 109** 83 PEMBROKE PINES FL 33024-5801 R4 City 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. Floriday accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Bi-gertured Agent signature required when reinstating) Signature, typical or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DP DELETE 11100 Add-tion NAME ZABLOCKI, JOHN P. 1.2 NAME E034 2010 BAYBERRY DR. STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL CITY - ST - ZiP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - \$1 - ZIP TITLE DELETE 3 1 THILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SI-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - 2IP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS City-St-ZiP 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 angular proof 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 object a grid por life comporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block on an altachment with an address

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytine: Phone #

SIGNATURE: X