

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P40499 (6)**  
1. Corporation Name  
**PUBLIC UTILITIES MAINTENANCE, INC.**



Principal Place of Business: 183A 13TH STREET, BROOKLYN NY 11215  
Mailing Address: 183A 13TH STREET, BROOKLYN NY 11215

3. Date incorporated or Qualified: 09/10/1992  
3a. Date of Last Report: 03/20/1995  
4. FEI Number: 11-3097527  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

**9: Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

BROEKER, DOUGLAS, ESQ.  
66 WEST FLAGLER STREET,  
8TH FL  
MIAMI FL 33130

81 Name: GABRIEL & SCIACCA  
82 Street Address (P.O. Box Number is Not Acceptable):  
83  
84 City: Syosset, New York 11781  
85 Zip Code: FL

\*1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation has filed 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]* 575 Underhill Boulevard, Suite 135 3/15/96  
NOTE: Registered Agent signature required when registering.

**12. OFFICERS AND DIRECTORS**

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	BORTOLIS, EMMANUEL	
STREET ADDRESS	183A 13TH STREET	
CITY-ST-ZIP	BROOKLYN NY	
TITLE		<input type="checkbox"/> DELETE
NAME	BORTOLIS, EMMANUEL	
STREET ADDRESS	183A 13TH STREET	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BORTOLIS, JOHN	
STREET ADDRESS	183A 13TH STREET	
CITY-ST-ZIP	BROOKLYN NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	200001761072
4.4 CITY-ST-ZIP	-03/28/96--01056--017
	***200.00
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 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 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: *[Signature]* 3/15/96 328 aw 516 364 7090

CR2E034 (12/95)