

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

Applied For
 Not Applicable

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

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

*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]* **GABRIEL & SCIACCA**
Certified Public Accountants
575 Underhill Boulevard, Suite 135
Syosset, New York 11791
DATE: **3/15/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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		

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]*
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3/15/96 **32800**
Daytime Phone: **516 364 7090**

CR2E034 (12/95)