

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

**FILED**

**Mar 20 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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 11215-4702**

3. Date Incorporated or Qualified  
**09/10/1992**

3a. Date of Last Report  
**03/28/1996**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>11-3097527</b>	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country	30	Country				

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

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

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

<b>B1</b>	Name
<b>B2</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>B3</b>	
<b>B4</b>	City
<b>B5</b>	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	<b>CDP</b>	<input type="checkbox"/> DELETE
NAME	<b>BORTOLIS, EMMANUEL</b>	
STREET ADDRESS	<b>183A 13TH STREET</b>	
CITY- ST- ZIP	<b>BROOKLYN NY</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BORTOLIS, EMMANUEL</b>	
STREET ADDRESS	<b>183A 13TH STREET</b>	
CITY- ST- ZIP	<b>BROOKLYN NY</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BORTOLIS, JOHN</b>	
STREET ADDRESS	<b>183A 13TH STREET</b>	
CITY- ST- ZIP	<b>BROOKLYN NY</b>	
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	
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: \_\_\_\_\_ *CDP 3/13/97* \_\_\_\_\_  
OFFICER AND DIRECTOR OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)