

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 09 1998 8:00am
 Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1998



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

DOCUMENT # P93000057043 (0)

1. Corporation Name
 PREVENTIVE MAINTENANCE SERVICES COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 6830 CENTRAL AVE, SUITE D, ST. PETERSBURG FL 33707, US
 Mailing Address: 6830 CENTRAL AVE, SUITE D, ST. PETERSBURG FL 33707, US

3. Date Incorporated or Qualified: 08/10/1993
 4. FEI Number: 59-3202070
 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 owes or has paid the current year Intangible Personal Property Tax due June 30: 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; 30 Country

9. Name and Address of Current Registered Agent
 METOUR, CAROLE
 6830 CENTRAL AVE
 SUITE D
 ST. PETERSBURG FL 33707

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: D [] DELETE
 NAME: METOUR, CAROLE
 STREET ADDRESS: 17429 SECOND STREET EAST
 CITY-ST-ZIP: REDINGTON SHORES FL
 TITLE: D [] DELETE
 NAME: MARTHURUS, NICO
 STREET ADDRESS: 17429 SECOND STREET EAST
 CITY-ST-ZIP: REDINGTON SHORES FL
 TITLE: [] DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: [] DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: [] DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: [X] Change [] Addition
 1.2 NAME:
 1.3 STREET ADDRESS: 103 First Street East #103
 1.4 CITY-ST-ZIP: St Petersburg FL 33715
 2.1 TITLE: [] Change [] Addition
 2.2 NAME:
 2.3 STREET ADDRESS:
 2.4 CITY-ST-ZIP:
 3.1 TITLE: [] Change [] Addition
 3.2 NAME:
 3.3 STREET ADDRESS:
 3.4 CITY-ST-ZIP:
 4.1 TITLE: [] Change [] Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY-ST-ZIP:
 5.1 TITLE: [] Change [] Addition
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY-ST-ZIP:
 6.1 TITLE: [] Change [] Addition
 6.2 NAME:
 6.3 STREET ADDRESS:
 6.4 CITY-ST-ZIP:

14. I 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: Carole Metour
 6/22/98 P13.745.800

CR2E034 (5/98)