

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 # **S88785 (8)**

1. Corporation Name
FLORIDA MAINTENANCE SERVICES, INC.



Principal Place of Business
**4570 BABCOCK ST NE
SUITE #8
PALM BAY FL 32905
US**

Mailing Address
**P.O. BOX 100247
PALM BAY FL 32910-0247
US**

3. Date Incorporated or Qualified **10/21/1991** 3a. Date of Last Report **02/01/1995**

4. FEI Number **59-3098837** 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**COLAIACOMO, PHIL
596 GIEGER CT NW
PALM BAY FL 32907**

10. Name and Address of New Registered Agent

81 Name **Desiree Colaiacomo**

82 Street Address (P.O. Box Number is Not Acceptable)
596 GIEGER CT. NW

83 **Palm**

84 City **Palm Bay** FL 85 Zip Code **32907**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement to 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 *Desiree Colaiacomo*
Signature, typed or printed name of registered agent and title if applicable

3-25-96

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	COLAIACOMO, PHIL	
STREET ADDRESS	4570-18 BABCOCK ST. NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLAIACOMO, DESIREE	
STREET ADDRESS	4570-18 BABCOCK ST. NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Desiree Colaiacomo	
1.3 STREET ADDRESS	4570-18 BABCOCK ST. NE	
1.4 CITY-ST-ZIP	Palm Bay, FL 32905	
2.1 TITLE	Vice-President.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Phil Colaiacomo	
2.3 STREET ADDRESS	4570-18 Babcock St. NE	
2.4 CITY-ST-ZIP	Palm Bay, FL 32907	
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		

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-03/28/96- 01013-002
*****200.00**

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: *Desiree Colaiacomo* President **2-16-96 407-729-8819**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)