

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

FILED

Jun 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000081430 (7)

1. Corporation Name

SOUTH FLORIDA FIRE & WATER RESTORATION COMPANY, INC.

Southwest Restorations, Inc
WL 2/17/97

Principal Place of Business

C/O MERCEDE EXECUTIVE
1876 N. UNIVERSITY DRIVE, 101-P
PLANTATION FL 33322

Mailing Address

C/O MERCEDE EXECUTIVE
1876 N. UNIVERSITY DRIVE, 101-P
PLANTATION FL 33322-4126



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 100 S. PINE ISLAND RD.		26		10/24/1995		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 STE. 148		27		65-0624146		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 PLANTATION FL.		28		5. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24 33324		25		29		30	

9. Name and Address of Current Registered Agent

DOWNEY, CONNIE
3050 N.E. 13TH AVENUE
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name *Douglas Aird*
82 Street Address (P.O. Box Number is Not Acceptable)
9211 S.W. 51ST PL.
83 *COOPER CITY*
84 City *FL* 85 Zip Code *33328*

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<i>PRIC / mo</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIRD, DOUGLASS	1.2 NAME	<i>AIRD, Douglas</i>
STREET ADDRESS	3050 N.E. 13TH AVENUE	1.3 STREET ADDRESS	<i>9211 S.W. 51ST PL.</i>
CITY-ST-ZIP	POMPANO BEACH FL 33064	1.4 CITY-ST-ZIP	<i>COOPER CITY FL 33328</i>
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<i>TINA AIRD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNEY, MICHAEL J.	2.2 NAME	<i>9211 SW 51ST PL.</i>
STREET ADDRESS	3050 N.E. 13TH AVENUE	2.3 STREET ADDRESS	<i>COOPER CITY FL 33328</i>
CITY-ST-ZIP	POMPANO BEACH FL 33064	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<i>Tina Aird</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIRD, CONNIE	3.2 NAME	<i>9211 S.W. 51ST PL.</i>
STREET ADDRESS	3050 N.E. 13TH AVENUE	3.3 STREET ADDRESS	<i>COOPER CITY FL 33328</i>
CITY-ST-ZIP	POMPANO BEACH FL 33064	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<i>Douglas Aird</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNEY, CONNIE	4.2 NAME	<i>9211 S.W. 51ST PL.</i>
STREET ADDRESS	3050 N.E. 13TH AVENUE	4.3 STREET ADDRESS	<i>COOPER CITY FL 33328</i>
CITY-ST-ZIP	POMPANO BEACH FL 33064	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 appointment with an address.

SIGNATURE

[Signature]

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-06/10/97-01081-032
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6/2/97

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