
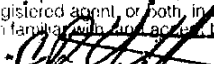
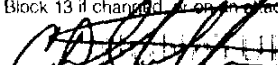


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandee B. McArthur Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 377230 (8)			
1. Corporation Name ALL SERVICES AND MAINTENANCE, INC.			
Principal Place of Business 2260 TAMiami TRAIL EAST NAPLES FL 33962		Mailing Address 2260 TAMiami TRAIL EAST NAPLES FL 34112-4708	
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	
3. Date Incorporated or Qualified 02/16/1971		3a. Date of Last Report 03/05/1996	
4. FEI Number 58-1138523		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MENDES, ANTONIO C. 2260 TAMiami TR. E. NAPLES FL 33962		10. Name and Address of New Registered Agent 81 Name STOUFFER, CHARLES 82 Street Address (P.O. Box Number is Not Acceptable) 2260 TAMiami TR E 83 NAPLES 84 City FL 85 Zip Code 34112	
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:  C.D. STOUFFER DATE: 4/2/97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD 1.2 NAME MENDES, ANTONIO C. 1.3 STREET ADDRESS 2260 TAMiami TR., E. 1.4 CITY-ST-ZIP NAPLES FL		1.1 TITLE PD 1.2 NAME CHARLES STOUFFER 1.3 STREET ADDRESS 2260 TAMiami TR. E. 1.4 CITY-ST-ZIP NAPLES, FL 34112	
2.1 TITLE V 2.2 NAME STOUFFER, CHARLES 2.3 STREET ADDRESS 2260 TAMiami TR E 2.4 CITY-ST-ZIP NAPLES FL		2.1 TITLE V 2.2 NAME MENDES, ANTONIO 2.3 STREET ADDRESS 2260 TAMiami TR E 2.4 CITY-ST-ZIP NAPLES, FL 34112	
3.1 TITLE S 3.2 NAME MENDES, ANTONIO C 3.3 STREET ADDRESS 2260 TAMiami TR E 3.4 CITY-ST-ZIP NAPLES FL		3.1 TITLE S 3.2 NAME BAILEY, GARY W. 3.3 STREET ADDRESS 2260 TAMiami TR E 3.4 CITY-ST-ZIP NAPLES, FL 34112	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		6.1 TITLE 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:  REQUIRED		3-19-97 941-775-4900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHARLES STOUFFER		Date Daytime Phone #	

CR2E034 (9/96)