## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (3) 460420 **DOCUMENT #** AUTOMATED BUILDING SERVICES OF FLORIDA, INC. Principal Place of Business Mailing Address -- 956 RW 12 AVE 956 6.W 12 AVE -- POMPANO BCH. Ft. 33069 .... -- POMPANO-BCH.-FL-93069 ---3a. Date of Last Report 3. Date Incorporated or Qualified 08/29/1974 05/01/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 1253 UNIVERSITY DR 59-1547996 ISSO MIDERSI Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apl. #, etc. 5. Certificate of Status Desired # 302 Fee Required 弁るの City & State City & State 6. Election Campaign Financing **\$5.00** May Be CARN\_SARMES CORAL Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032. Country Ac v 15055 USA Florida Statutes ☐ Yes ☐ No 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MEW ADDARSS 81 Name Street Address (P.O. Box Number is Not Acceptable) している。いれいと氏るいれるのではした SWICKLE, MARC -1197 NW 83 AVE 83 CORAL SPANGS CORAL SPRINGS FL 33071 85 Zip Code City 84 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 whon reinstating) abore ityorid or printed name of registered agoni and 1% if applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 31116 TITLE OHIVERSITY DRIVE, #302 CR2E034 SWICKLE, MARC 12 NAME NAME 1197-NW-83-AVE CORUL SPRINGS FL 33071 13 STREET ADDRESS STREET ADORESS **CORAL SPRINGS FL** 14 CHY-ST-ZIP CITY-SI-ZIP Change Addition DELETE 2 13DLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHY-SI-2IP CITY - ST - ZIF Change Addition DELETE 3 1 TITLE THIE NAME 3.3. STREET ADDRESS TRELI ADDRESS 3.4 CHTV - S1 - 7IP CITY-ST-ZIP Addition Change []] DELETE 4. 1 HILE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS \$1REET ADDRESS 4 4 CHY - S1 - ZIF CITY-ST-2IP ☐ Change Addition DELETE 5 1 TIPLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-SI-ZIF CITY-ST-ZIP DELETE Change | Addition 6.130116 TITLE

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 certify 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.

6.2 NAME

63 STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

5/1/96 (95H)943-3530