

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 642833 (8)
1. Corporation Name
FLEET SERVICE AND MANAGEMENT, INC.

Principal Place of Business

3559 SW 69TH WAY
MIRAMAR FL 33023

Mailing Address

3559 SW 69TH WAY
MIRAMAR FL 33023

1997 JUL 23 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/24/1979		01/25/1996	
22		27		4. FEI Number		Applied For	
City & State		City & State		59-1948274		Not Applicable	
23		28		5. Certificate of Status Desired		8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24		29		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SEMORA, VICTORIA L. 1940 HARRISON STREET HOLLYWOOD FL 33020				81 Name			
				82 Street Address (P.O. Box)			
				83			
				84 City			
				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

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	1.1 TITLE	
NAME	SCHAEFER, FRED	1.2 NAME	
STREET ADDRESS	3559 SW 69TH WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	SCHAEFER, THERESA	2.2 NAME	
STREET ADDRESS	3559 SW 69TH WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

CR2E034 (4/97)

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7/15/97 18:35 P.01



ACCOUNT OFFICE
Washington park office

Our records indicated that the item has not been paid by the Bank since the last statement dated 06/30/97

STOP PAYMENT ORDER

ACCOUNT TITLE FSM INC		ACCOUNT NUMBER 0001475007380	
CHECK NUMBER From 0000003683	To	DATE 04/01/97	AMOUNT \$ 165.00
PAYEE STATE DEPT DIVISION OF CORP		REASON FOR STOP CHECK LOST	
EXPIRATION DATE 01/15/98	DUPLICATE ISSUED? If Yes, Date	REPLACEMENT CHECK NUMBER	
DATE RECEIVED BY BANK 07/15/97	TIME 12:34	PHONE 954-981-5813	
<small>THIS STOP PAYMENT ORDER SHALL NOT BECOME EFFECTIVE UNTIL BARNETT BANK HAS BEEN GIVEN A REASONABLE OPPORTUNITY TO ACT UPON IT. Additionally, your rights and obligations are subject to the terms of your Depositor's Agreement and the laws of the state where your Barnett Bank account is located, including amendments to either or both from time to time. Your account will be debited according to Barnett Bank's then current miscellaneous fee schedule for each item on which stop payment is ordered.</small>			
ACCEPTED BY MURRIQUE7	OFFICE Washington park offi	DATE 07/15/97	
DATE RELEASED	TIME	STOP ID NUMBER	CUSTOMER SIGNATURE



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Florida Department of State
Division of Corporations
Tallahassee, Florida

7/15/97

RE: Lost Check and Annual Report

Dear Sir,

As per my conversation with this Department on 7/14/97, I am sending you a copy of my 1997 Annual Report that has been lost in transit to your office.

I have stopped payment on the check #3683 as you have directed and enclosed a copy of the stop order along with a new check #3764 for \$165.00 to replace the lost one.

Enclosed also please find the second request form.

Thank you for your help in this matter.

Sincerely


Fred Schaefer
President
FSM Inc.