

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

FILED

Apr 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 679478 (8)  
1. Corporation Name  
AMERICAN RESIDENTIAL SERVICES OF FLORIDA, INC.

Principal Place of Business Mailing Address  
1700 BANKS ROAD 1700 BANKS ROAD  
MARGATE FL 33063 MARGATE FL 33063



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2223 2nd Ave. North Suite, Apt. #, etc.		2a. Mailing Address 26 2223 2nd Ave. North Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/23/1980	
22 City & State 23 Lake Worth, FL Zip Country 24 33461 25		27 City & State 28 Lake Worth, FL Zip Country 29 33461 30		4. FEI Number 59-2473525 Applied For Not Applicable	
				5. Certificate of Status Desired <input 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 owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSO, ED	1.2 NAME	
STREET ADDRESS	1700 BANKS ROAD	1.3 STREET ADDRESS	2223 2nd Ave. North
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	Lake Worth, FL 33461
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, C. CLIFFORD JR	2.2 NAME	Amorlett, Thomas N.
STREET ADDRESS	1700 BANKS RD	2.3 STREET ADDRESS	2223 2nd Ave. N.
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	Lake Worth, FL 33461
TITLE	VSD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELD, JOHN D	3.2 NAME	
STREET ADDRESS	1700 BANKS RD	3.3 STREET ADDRESS	2223 2nd Ave. North
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	Lake Worth, FL 33461
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, HOWARD S	4.2 NAME	
STREET ADDRESS	1700 BANKS RD	4.3 STREET ADDRESS	2223 2nd Ave. North
CITY-ST-ZIP	MARGATE FL	4.4 CITY-ST-ZIP	Lake Worth, FL 33461
TITLE	C	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAMAU, MICHAEL	5.2 NAME	
STREET ADDRESS	1700 BANKS RD	5.3 STREET ADDRESS	2223 2nd Ave. North
CITY-ST-ZIP	MARGATE FL	5.4 CITY-ST-ZIP	Lake Worth, FL 33461
TITLE	T	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, A. JEFFERSON III	6.2 NAME	
STREET ADDRESS	1700 BANKS RD	6.3 STREET ADDRESS	2223 2nd Ave. North
CITY-ST-ZIP	MARGATE FL	6.4 CITY-ST-ZIP	Lake Worth, FL 33461

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-98 (561)  
586-7000

CR2E034 (10/97)