

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90010 047 \*\*\*158.75

**DOCUMENT # 679478**

1. Corporation Name

**AMERICAN RESIDENTIAL SERVICES OF FLORIDA, INC.**

Principal Place of Business

**2223 2ND AVE NORTH  
LAKE WORTH FL 33461  
US**

Mailing Address

**2223 2ND AVE NORTH  
LAKE WORTH FL 33461  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/23/1980**

4. FEI Number

**59-2473525**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	SASSO, ED	2223 2ND AVE NORTH LAKE WORTH FL 33461		<input checked="" type="checkbox"/>
VD	AMONETT, THOMAS N	2223 2ND AVE NORTH LAKE WORTH FL 33461		<input checked="" type="checkbox"/>
VSD	HELD, JOHN D	2223 2ND AVE NORTH LAKE WORTH FL 33461		<input checked="" type="checkbox"/>
D	HOOVER, HOWARD S	2223 2ND AVE NORTH LAKE WORTH FL 33461		<input checked="" type="checkbox"/>
C	MAMAUX, MICHAEL	2223 2ND AVE NORTH LAKE WORTH FL 33461		<input type="checkbox"/>
T	WALKER, A. JEFFERSON III	2223 2ND AVE NORTH LAKE WORTH FL 33461		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Vice President (V)	Clark Edwards	2223 2nd Ave North	Lake Worth FL 33461	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President (V)	Charles J. Meyer	1700 Banks Rd	MARGATE FL 33063	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
President (P)	Elliot Sokolow	5051 Westheimer Suite 725	Houston TX 77056	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President (V)	Melissa Sokolow	1700 Banks Rd	Margate FL 33063	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		5051 Westheimer Suite 725	Houston TX 77056	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		5051 Westheimer Suite 725	Houston TX 77056	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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, with all officer-like empowered.

SIGNATURE: *Clark Edwards* Vice President 1-599 561-586-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0352854

CR2E034 (1/198)