₹5COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Morthani
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

F53844

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AMERICAN HOME SHIELD MARKETING SERVICES OF FLORI

421 MONTGOMERY RD. SUITE 105 ALTAMONTE SPRINGS FL 32714 22	DA, IN	NC.			. 20111			
SUITE 105 ALTAMONTE SPRINGS FL 32714 SUITE 105 ALTAMONTE SPRINGS FL 32714 3. Date Incorporated or Qualified 11/16/1981 3. Date of Last Report 11/16/1981 3. Date of Last Report 11/16/1981 3. Date Incorporated or Qualified 11/16/1981 3. Date of Last Report 11/16/1981 3. Date of Last Report 11/16/1981 3. Date Incorporated or Qualified 3. Date Incorporated or Qualif	Principal Place of Business Mailing Address							T TOUTION THE BUILD WHICH WHILE BUILD WELL WAS A STAN BUILD
2. Mailing Address Suite, Apt #, etc. 2. Suite, Apt #, etc. 3. Sui	SUITE 105	-	;	SUITE 105				
21	2 Principal F	Place of Business	20	20 Mailing Address				
Suite, Apt #, etc Suite, Apt #, etc City & State Country Country Country Country Country Country Space Find a Statutes Space FRITZ, ROBERT J 421 MONTGOMERY RD #105 ALTAMONTE SPRINGS FL 32714 B1 Name Registered Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code T1. 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 agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. Signature Signature Defficers AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.		lace of Edsiriess	\vdash	Maining Address				744.6010
City & State Country St. Oo May Be Added to Fees St. This corporation has liability for intangitible tax under s 199.032.		#, etc	120	Suite, Apt. #, etc.				\$8.75 Additional
28 Trust Fund Contribution Added to Fees Zip Country Zip Country Begistered Agent Finding Trust Fund Contribution Added to Fees 29 30 Florida Statutes Trust Fund Contribution Added to Fees PARTZ, ROBERT J 421 MONTGOMERY RD #105 ALTAMONTE SPRINGS FL 32714 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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. Thereby accept the appointment as registered agent am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes. Signature. Signature. Springs and corporation of the purpose of changing its registered agent am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes. Signature. Signature. Springs and corporation of the purpose of changing its registered agent am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes. NOTE Registered Agent signature registered and the received agent and the received	22		27					L. 5. Certificate of Status Desired L. L.
Zip Country Zip Country 29 30 Fiorida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FRITZ, ROBERT J 421 MONTGOMERY RD #105 ALTAMONTE SPRINGS FL 32714 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	······································	te	ļ,	City & State				
25 29 30 Fiorida Statutes Provide State of Current Registered Agent 9. Name and Address of Current Registered Agent FRITZ, ROBERT J 421 MONTGOMERY RD #105 ALTAMONTE SPRINGS FL 32714 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature type-for personal registered agent and the Harget-steel. (MOIS Registered Agent signature required when recording) DAIL 12. OFFICERS AND DIRECTORS. II 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.			28	***	1			
9. Name and Address of Current Registered Agent FRITZ, ROBERT J 421 MONTGOMERY RD ≠105 ALTAMONTE SPRINGS FL 32714 82 Street Address (P.O. Box Number is Not Acceptable) 83 Registered Agent 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature, typictor per tod name of negative agent and their applicable. (NOTE Registered Agent agreature required where recenting) DATE 12. OFFICERS AND DIRECTORS. II 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	_	· · ·	20	Zip	\vdash	untry	<i>(</i>	
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CITY-ST-ZIP 6 4 CITY-ST-ZIP 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 1	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				43S 44C 51TI 52N 53S 54C 61TI 62N	TREET ITY S ITLE AME TREET ITY S ITLE AME	ST-ZIP ADDRESS ST-ZIP	Change Addition

I. 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 1 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 617, 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

6/6/96 7746355 Core Pronos