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Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90032 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F53844

1. Corporation Name
AMERICAN HOME SHIELD MARKETING SERVICES OF FLORIDA, INC.



Principal Place of Business: 421 MONTGOMERY RD. SUITE 105 ALTAMONTE SPRINGS FL 32714
 Mailing Address: 421 MONTGOMERY RD. SUITE 105 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/16/1981**
 4. FEI Number: **59-2147918**
 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: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
FRITZ, ROBERT J
421 MONTGOMERY RD #105
ALTAMONTE SPRINGS FL 32714

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: _____ DATE: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FRITZ, ROBERT J.		1.2 NAME	
STREET ADDRESS: 421 MONTGOMERY RD, #105		1.3 STREET ADDRESS	
CITY-ST-ZIP: ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE: STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FRITZ, ALANE W.		2.2 NAME	
STREET ADDRESS: 421 MONTGOMERY RD, #105		2.3 STREET ADDRESS	
CITY-ST-ZIP: ALTAMONTE SPRINGS FL		2.4 CITY-ST-ZIP	
TITLE: TREA	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CANOURA, SUSAN		3.2 NAME	
STREET ADDRESS: 1 W ROSEVEAR AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP: ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE: VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FRITZ, ROBERT S JR		4.2 NAME	
STREET ADDRESS: 2010 EDGEWATER DR		4.3 STREET ADDRESS	
CITY-ST-ZIP: ORLANDO FL 32804		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP	

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 other like empowered.

SIGNATURE: _____ DATE: **4/1/99** DAYTIME PHONE #: **407 7746388**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)