


**SECOND 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.)**

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # F91469 (9)</b> 1. Corporation Name <b>MAINTENANCE AUTOMATION CORPORATION</b>		



Principal Place of Business <b>3107 W. HALLANDALE BCH BLVD. HALLANDALE FL 33009</b>	Mailing Address <b>3107 W. HALLANDALE BCH BLVD. HALLANDALE FL 33009</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/21/1982</b>		3a. Date of Last Report <b>03/21/1995</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc.	26 City & State	27 Zip	28 Country
29				30			
4. FEI Number <b>59-2217452</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>KATZ, ELI G. 1105 SCARLET DAX ST HOLLYWOOD FL 33019</b>				10. Name and Address of New Registered Agent			
81 Name <b>C T Corporation System</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b>			
83				84 City <b>Plantation</b> <b>FL</b> 85 Zip Code <b>33324</b>			

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 *Patricia A. Canario* **PATRICIA A. CANARIO** **SPECIAL ASSISTANT SECRETARY** **7/30/96**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>C</b>	<b>KATZ, ELI G.</b>	<b>1105 SCARLET OAK ST HOLLYWOOD FL</b>	<input checked="" type="checkbox"/> DELETE	<b>P/D</b>	<b>Guadernote, Dean F.</b>	<b>20 University Rd. Cambridge, MA. 02138</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	<b>ST</b>	<b>KATZ, PHYLLIS</b>	<b>1105 SCARLET OAK ST HOLLYWOOD FL</b>	<input checked="" type="checkbox"/> DELETE	<b>T/S</b>	<b>Birch, Paul D.</b>	<b>20 University Rd. Cambridge, MA. 02138</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	<b>V</b>	<b>MEOLA, NICHOLAS</b>	<b>544 SW 180TH AVE PEMBROKE PINES FL</b>	<input checked="" type="checkbox"/> DELETE	<b>D</b>	<b>Daniels, Robert L.</b>	<b>20 University Rd. Cambridge, MA. 02138</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	<b>P</b>	<b>KNECHT, MITCHELL</b>	<b>11082 TOPEKA PLACE COOPER CITY FL</b>	<input checked="" type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
				<input type="checkbox"/> DELETE			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
				<input type="checkbox"/> DELETE			

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. 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 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]* **08/01/96** **(617) 661-1444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)