


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

FILED

Mar 12 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morthen</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H62304 (1)</b> 1. Corporation Name <b>PJ'S MAINTENANCE SPECIALISTS, INC.</b>					
Principal Place of Business <b>4391 123RD TRAIL</b> <b>ROYAL PALM BCH. FL 33411</b>			Mailing Address <b>4391 123RD TRAIL</b> <b>ROYAL PALM BCH. FL 33411-8966</b>		
2. Principal Place of Business 21 <b>1618 TWELVE OAKS WAY</b> Suite, Apt. #, etc. 22 <b>102</b> City & State 23 <b>N. Palm Bch, FL</b> Zip 24 <b>33408</b>		2a. Mailing Address 26 <b>PO BOX 14158</b> Suite, Apt. #, etc. 27 City & State 28 <b>N. Palm Bch, FL</b> Zip 29 <b>33408</b>		3. Date Incorporated or Qualified <b>06/17/1985</b> 3a. Date of Last Report <b>03/15/1996</b> 4. FEI Number <b>59-2556874</b> Applied For Not Applicable 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>WHITIS, PHILIP A.</b> <b>4391 123RD. TRAIL N.</b> <b>ROYAL PALM BCH. FL 33411</b>			10. Name and Address of New Registered Agent 81 Name <b>Whitis Philip A</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1618 TWELVE OAKS WAY</b> 83 <b>#102</b> 84 City <b>N. Palm Bch</b> <b>FL</b> 85 Zip Code <b>33408</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 provisions of Section 607.0505, Florida Statutes. SIGNATURE <b>Phil Whitis</b> <b>Phil Whitis</b> <b>1-28-97</b> <small>Signature typed or printed name of registered agent and block applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS TITLE <b>DP</b> <input type="checkbox"/> DELETE NAME <b>WHITIS, PHILIP A.</b> STREET ADDRESS <b>4391 123RD TERR.</b> CITY-ST-ZIP <b>R. PALM BEACH FL</b> TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>WHITIS, JANICE M.</b> STREET ADDRESS <b>4391 123RD TERR.</b> CITY-ST-ZIP <b>R. PALM BEACH FL</b> TITLE <b>DP</b> <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>WHITIS, PHILIP A.</b> 1.3 STREET ADDRESS <b>1618 TWELVE OAKS WAY, #102</b> 1.4 CITY-ST-ZIP <b>N. PALM BEACH, FL 33408</b> 2.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>WHITIS, JANICE M.</b> 2.3 STREET ADDRESS <b>1618 TWELVE OAKS WAY, #102</b> 2.4 CITY-ST-ZIP <b>N. PALM BEACH, FL 33408</b> 3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



CR2E034 (9/96)

14. I do 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: **Phil Whitis** **Phil Whitis** **1-28-97** **561-776-1333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #