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Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J75869 (4)
1. Corporation Name
SHOPPING CENTER MAINTENANCE OF FLORIDA, INC.



Principal Place of Business: 7823 RUTILRO COURT, NEW PORT RICHEY FL 34653 US
Mailing Address: PO BOX 1011, PORT RICHEY FL 34673-1011

2. Principal Place of Business: 21 7823 Rutilro Court
22 Suite, Apt. #, etc.
23 City & State
24 Zip Country 25
26 27 Suite, Apt. #, etc.
28 City & State
29 Zip Country 30

3. Date Incorporated or Qualified: 05/29/1987
3a. Date of Last Report: 04/26/1996
4. FEI Number: 59-2870160
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
D'ASCENZIO, DOMENIC
13511 JENNITA DRIVE
HUDSON FL 34667

10. Name and Address of New Registered Agent
81 Name: Domenico N. D'Ascenzio
82 Street Address (P.O. Box Number is Not Acceptable): 1448 Flotilla Dr
83
84 City: Holiday FL 85 Zip Code: 34640

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P	NAME: D'ASCENZIO, DOMENIC	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 13511 JENNITA DR	CITY-ST-ZIP: HUDSON FL	1.2 NAME:
TITLE: VS	NAME: D'ASCENZIO, DOMENICO N.	1.3 STREET ADDRESS:
STREET ADDRESS: 1448 FLOTILLA DR.	CITY-ST-ZIP: HOLIDAY FL	1.4 CITY-ST-ZIP:
TITLE: DT	NAME: D'ASCENZIO, KIMBERLY	2.1 TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1448 FLOTILLA DR.	CITY-ST-ZIP: HOLIDAY FL	2.2 NAME:
TITLE: <input type="checkbox"/> DELETE	NAME:	2.3 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS:
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)