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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J97138

(8)

AMERICAN UNDERGROUND SERVICES, INC.

Principal Place of Business 1517 SW DYCUS AVE PORT 8T. LUCIE FL 34953 U8		Mailing Address 1517 SW DYCUS AVE PORT ST. LUCIE FL 34953-5252 US				
: 					3. Date Incorporated or Qualified 10/12/1987	3s. Date of Last Report 02/12/1996
<del>_</del>	Place of Business	h	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0038785	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	
24	24 25 29 34  9. Name and Address of Current Registered Agent				Florida Statutes Yes No  10. Name and Address of New Registered Agent	
<del></del>	ADONI, MARK I.	ment uedistelen währt		81 Name	10. Name and Address of New A	egistereo Agent
PORT ST. LUCIE FL 34953				83	dress (P.O. Box Number is Not Accepta	
			l	<b>64</b> City		FL 85 Zip Code
11. Pursuar office or agent. I	// V N / ///				rporation submits this statement for the ation's board of directors. I hereby account of the ation when rensisting.	purpose of changing its registered pt the appointment as registered  2-2-7-7
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	D	DELET	E 1,1 TIT	LE		Change Addition
NAME				MF		
STREET ADDRESS	······································		1.3 STI	REET ADDRESS		
CITY-ST-ZIP				Y - S* - ZIP		
TITLE	D DELETE		E 21111	LE		Change Addition
NAME			2 2 NA	ME		
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CITY-ST-ZIP	PORT ST. LUCIE FL			IY-SI-7IP		
TITLE	.1	☐ DELET	E 3 1 1 1 7	l E		☐ Change ☐ Addition

64.0 IY-\$1-ZIP

14. I do hereby certify that the information supplied with this filling 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.

3.2 NAME

4 1 TITLE

4 2 NAME

5.1 III.E

5.2 NAME

G 1 TITLE

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3.4 CITY-ST-ZIP

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Feb 06 1997 8:00am

Secretary of State