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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 28 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

L55133

(7)

FACILITIES MANAGEMENT & SERVICES OF AMERICA, INC

Principal Place	of Business	Mailing Address		1 1601(044 80) 64401 81101 1180 8 1180 8 11	i diffic Bibri bibri bibri bibri bibri bibri ibibi	
FMSA. INC. 5100 TOWN CENTER CIR #510 BOCA RATON FL 33486		FMSA. INC. 5100 TOWN CENTER CIR #510 BOCA RATON FL 33486			DO NOT WRITE IN THIS SPACE	
US		<b>-</b> 85		3. Date Incorporated or Qualified		
2. Principal Pi	ace of Business	2a. Mailing Address		03/05/1990 4. FEI Number	I Amarical Co.	
21 1166 W	) NewportCenter Dr	26 ESAM	و		Applied For Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		65-0161080	_ \$8.75 Additional	
22 114		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has pai		
24 334 C			30	Personal Property Tax due June		
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Reg	jistered Agent	
rubenstein, steven r.						
5100 TOWNE CENTER CIRCLE			82 Street	Address (P.O. Box Number is Not Appentable	le)	
SUITE 510			83	ob w newport cent	er Dr # 114	
BO	CA RATON FL 33486		63			
			84 City	= Doolland Broad	85 Zip Code	
11. Pursuant to	o the susylsions of Seems - 207 0502	and 607 1508. Florida Statute	es the above named	corporation submits this statement for the pu	TFL SSVYJ	
office or re	egitured ugent, or both, in the Six to o	Florida Such change was a	uthorized by the cor	poration's board of directors. I hereby accep	the appointment as registered	
	with, and accept the obliget	Opt. 61, 500:1011 B07:0505, F101	nua statutes.	_	al-alos	
SIGNATURE	Sign a re, lyped or printed harne bi-requireren agent	and the if applicable (NOTE	Registered Agent signature	required when reinstaling)	T YO TO	
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition	
NAME	RUBENSTEIN, STEVEN R.		1.2 NAME	1166 W, Newport (	JONES De	
STREET ADDRESS	5 100 10 11 11 0 11 11 0 11 10 10 10 10 1		1.3 STREET ADDRESS	1501tc d19	C 4 m	
CITY-ST-ZIP	BOCA RATON FL	Decree	1.4 CITY - ST - ZIP	Butheld Beach		
TITLE	DVS	<b>□</b> DELET <b>e</b>	2.1 TITLE		La Change L Addition	
NAME CTOTET ADDRESS	LITT, SHARON M.	***********	2.2 NAME	5429 Beaumont Cen	Her Sulesm	
STREET ADDRESS			2 3 STREET ADDRESS	Tampa, Fl 334		
CITY-ST-ZIP TITLE	MAMPA PL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	14 mpa F1 350	Change Addition	
NAME			3.2 NAME		Change C Addition	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
. NAME			5.2 NAME		İ	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		T access	5.4 City - St - ZiP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	artify that the information supplied with	this films does not qualify for	6.4 CITY-ST-ZIP	 ed in Section 119.07(3)(i), Florida Statutes. I fi	urther cortifu that the information	
indicated o	on this annual resort or supplemental a	annual report is true and accu	rate and that my sig	inature shall have the same legal effect as if a required by Chapter 607, Florida Statutes; a	made under oath; that I am an	
Block 12 o	irector of the collegation or the receiv r Block 13 if charged, or on an atlach	or trustee empowered to ex cent with arrayddress.	xecute this report as	required by Chapter 607, Florida Statutes; a	nd that my name appears in	