

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L66663 (0)

1. Corporation Name

ELEVATOR CONSULTING AND MAINTENANCE REVIEW, INC.

Principal Place of Business

4699 N FEDERAL HWY  
POMPANO BEACH FL 33064

Mailing Address

4699 N FEDERAL HWY  
POMPANO BEACH FL 33064

2. Principal Place of Business

2a. Mailing Address

21 1881 N.E. 26th STREET

26 6840 NW 1st COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 212

27

City & State

City & State

23 WILTON MANORS, FL

28 TAMARAC, FL

Zip

Country

Zip

Country

24 33305

25 U.S.A.

29 33321

30 USA

9. Name and Address of Current Registered Agent

QUARLES, NATHAN Y  
6840 NW 81ST CT  
TAMARAC FL 33321

3. Date Incorporated or Qualified

04/19/1990

3a. Date of Last Report

06/29/1995

4. FEI Number

65-0187102

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and state, last date

(NOTE: Registered agent signature required when rechartering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVT  
NAME QUARLES, NATHAN  
STREET ADDRESS 4699 N FEDERAL HWY  
CITY-ST-ZIP POMPANO BEACH FL

☐ DELETE

TITLE SD  
NAME QUARLES, NATHAN  
STREET ADDRESS 4699 N FEDERAL HWY  
CITY-ST-ZIP POMPANO BEACH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE V  
NAME QUARLES, MATTHEW  
STREET ADDRESS 10862 HEATHER RIDGE CIR. APT#208  
CITY-ST-ZIP ORLANDO, FL. 32817

☐ Change ☒ Addition

2. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

3. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

4. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

6. TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NATHAN Y. QUARLES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96 (954) 721 3741  
DATE DAY/MONTH/YEAR TELEPHONE #

CR2E034 (12/95)