


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

FILED
Apr 23 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 # L66663 (0)					
1. Corporation Name ELEVATOR CONSULTING AND MAINTENANCE REVIEW, INC.					
Principal Place of Business 1881 NE 26TH STREET SUITE 212 WILTON MANORS FL 33305 US			Mailing Address 6840 NW 81ST CT TAMARAC FL 33321-7067 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/19/1990	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 05/09/1996	
22 City & State		27 City & State		4. FEI Number 65-0187102	
23 Zip		28 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent QUARLES, NATHAN Y 6840 NW 81ST CT TAMARAC FL 33321				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PVT <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME QUARLES, NATHAN					
1.3 STREET ADDRESS 4899 N FEDERAL HWY					
1.4 CITY-ST-ZIP POMPANO BEACH FL					
2.1 TITLE SD <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME QUARLES, NATHAN					
2.3 STREET ADDRESS 4899 N FEDERAL HWY					
2.4 CITY-ST-ZIP POMPANO BEACH FL					
3.1 TITLE V <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME QUARLES, MATTHEW					
3.3 STREET ADDRESS 10862 HEATHER RIDGE CIR APT 208					
3.4 CITY-ST-ZIP ORLANDO FL					
4.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.2 NAME ST QUARLES, RONDA					
4.3 STREET ADDRESS 6840 N.W. 81 CT					
4.4 CITY-ST-ZIP TAMARAC, FL 33321					
5.1 TITLE <input type="checkbox"/> DELETE <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"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
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: <u>Nathan Y. Quarles</u> NATHAN Y. QUARLES 4/15/97 (954) 721-3741					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

CR2E034 (9/96)