

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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/19/1990	
				4. FEI Number 65-0187102	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PM	NAME	QUARLES, NATHAN	1.1 TITLE			
STREET ADDRESS	6840 N.W. 81 ST. CT.			1.2 NAME			
CITY-ST-ZIP	TAMARAC FL			1.3 STREET ADDRESS			
				1.4 CITY-ST-ZIP			
TITLE	ST	NAME	QUARLES, RONDA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	6840 N.E. 81CT.			2.2 NAME			
CITY-ST-ZIP	TAMARAC FL			2.3 STREET ADDRESS	6840 N.W. 81 COURT		
				2.4 CITY-ST-ZIP			
TITLE	V	NAME	QUARLES, MATTHEW	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	10862 HEATHER RIDGE CIR APT 208			3.2 NAME			
CITY-ST-ZIP	ORLANDO FL			3.3 STREET ADDRESS	6840 N.W. 81 COURT		
				3.4 CITY-ST-ZIP	TAMARAC, FL 33321		
TITLE		NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
TITLE		NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				5.2 NAME			
CITY-ST-ZIP				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
TITLE		NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				6.2 NAME			
CITY-ST-ZIP				6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 **NATHAN Y. QUARLES** 1/6/98 (954) 721-3741

CR2E034 (10/97)