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May 20 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 # **L80580** **(8)**

1. Corporation Name
CUSTODIAL APARTMENT SERVICES, INC.

Principal Place of Business	Mailing Address
431 SE 9 AVE APT 908 POMPANO BEACH FL 33060	431 SE 9 AVE APT 908 POMPANO BEACH FL 33060-8055

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: 06/13/1990
3a. Date of Last Report: 03/19/1996
4. FEI Number: 65-0242875 ☐ 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

9. Name and Address of Current Registered Agent
THEISEN, ROSEMARY
1180 S. POWERLINE ROAD
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent
81 Name: **Robert J. Callahan**
82 Street Address (P.O. Box Number is Not Acceptable): **1210 S.E. 3rd Terrace**
83
84 City: **Pompano Beach,** **FL** 85 Zip Code: **33060**

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: Robert J. Callahan
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	THEISEN, KENNETH L	1.2 NAME	Robert J. Callahan
STREET ADDRESS	431 SE 9 AVE	1.3 STREET ADDRESS	1210 S.E. 3rd Terrace
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	Pompano Beach, Fl. 33060
☒ DELETE		☒ Change ☐ Addition	
TITLE	PD	2.1 TITLE	Vice Pres./Secretary
NAME	THEISEN, ROSEMARY	2.2 NAME	Gloria Callahan
STREET ADDRESS	431 SE 9TH AVENUE	2.3 STREET ADDRESS	1210 S.E. 3rd Terrace
CITY-ST-ZIP	POMPANO BEACH FL 33060	2.4 CITY-ST-ZIP	Pompano Beach, Fl. 33060
☒ DELETE		☒ Change ☐ Addition	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
☐ DELETE		☐ Change ☐ Addition	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
☐ DELETE		☐ Change ☐ Addition	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
☐ DELETE		☐ Change ☐ Addition	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Robert J. Callahan