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Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # P30028 (5)

1. Corporation Name
ENHANCED BUILDING SERVICES, INC.

Principal Place of Business	Mailing Address
1200 S. PINE ISLAND RD. PLANTATION FL 33324 US	1200 S. PINE ISLAND RD. PLANTATION FL 33324 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1990

4. FEI Number: 25-1499709 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	D/P	☐ Change ☒ Addition
NAME	REES, M D		12 NAME	R. R. Simonini	
STREET ADDRESS	4400 ALAFAYA TRAIL		13 STREET ADDRESS	4400 Alafaya Trail	
CITY-ST-ZIP	ORLANDO FL 32826		14 CITY-ST-ZIP	Orlando, FL 32826	
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	COFFMAN, JM		22 NAME		
STREET ADDRESS	4400 ALAFAYA TRAIL		23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		24 CITY-ST-ZIP		
TITLE	S	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BACHY, D.M.		32 NAME		
STREET ADDRESS	11 STANWIX ST.		33 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA		34 CITY-ST-ZIP		
TITLE	T	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	MORF, C.E.		42 NAME		
STREET ADDRESS	11 STANWIX ST.		43 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURG PA 15222-1384		44 CITY-ST-ZIP		
TITLE	V	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	NEALE, S B		52 NAME		
STREET ADDRESS	4400 ALAFYA TRAIL		53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		54 CITY-ST-ZIP		
TITLE	S	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	HERDER, T. J.		62 NAME		
STREET ADDRESS	440 ALAFAYA TRAIL		63 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32826		64 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: D. M. Bachy D. M. Bachy, Secretary 1/30/98 412-642-5260