SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996 DOCUMENT # P93000019768 (9) A & E MAINTENANCE SERVICES, INC. Principal Place of Business B07 HWY 41 BYPASS UNIT 3 VENICE FL 34282 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2d. Mailing Address 2d. Mailing Address 2d. Suite, Apt. #, etc.						3. Date Incorporated or Qualified 03/08/1993 4. FEI Number 15-9483739 5. Certificate of Status Desired 88.75 Additional Fee Required		
City & Stati	e	City & Star	te			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Country		Zip	Country		8. This corporation has liability for	injangible tax		
24	9. Name and Address of Curr	29		10		Florida Statutes 10. Name and Address of New R		No
VENICE FL 34292 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridal office or registered agent, or both in the State of Florida. Such chapped			orida Statutes,	83 84 the above-	City	lress (P.O. Box Number is Not Accepta	FL ⁶	35 Zip Code
agent Lai SIGNATURE 12. TITLE NAME	Signature Lond or protect name of regional d	Kul				on's board of directors. I hereby accepted whenerstating. ADDITIONS/CHANGES TO OFF	7-25 DAY C	2-96
STREET ADDRESS CITY - ST - ZIP	1330 PINEBROOK WAY VENICE FL 34292			13STREEL				
TITLE NAME STREFT ADDRESS CITY-ST-ZIP	D Koehler, angela 1330 pinebrook way Venice Fl 34292		DECETE	2 1 TITLE 2 2 NAME 2 3 STREET / 2 4 CITY - S	ADDRESS			Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	TO FIRM Note: A change on the control of the contro	h	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY - S				Change Add tion
NAME STREET ADDRESS CITY-ST-ZIP			DEFELE	4 1 TITLE 4 2 NAME 4 3 STREET A 4 4 CITY - ST	- 1			Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		LJ	DELETE	51 TITLE 52 NAME 53 STREET A 54 CHY-ST	1	***		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	61 TIFLE 62 NAME 63 STREEF A	DORESS			Change Add-tion
made und		on this annual report of clor of the corogration	r supplements or the recove	shed and di al annual re	port is true a	ify for the exemption stated in Section and accurate and that my signature shall be execute this report as required by		

SIGNATURE: ELKOCHET MALLUL 7-35-96 941-497-3135