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Apr 28 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 # P93000046174 (7)

1. Corporation Name
CORP. MAINTENANCE SERVICES, INC.



Principal Place of Business: 1200 MALABAR RD. #2 PALM BAY FL 32907

Mailing Address: 1200 MALABAR RD. #2 PALM BAY FL 32907-2527

3. Date Incorporated or Qualified: 06/21/1993
3a. Date of Last Report: 05/01/1996

21. 2. Principal Place of Business 940 Taft Ave SE Suite, Apt. #, etc.	26. 2a. Mailing Address 940 Taft Ave SE Suite, Apt. #, etc.	4. FEI Number 59-3196696	Applied For Not Applicable
22. City & State Palm Bay, FL	27. City & State Palm Bay, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip 32909	28. Country Brevard	29. Zip 32909	30. Country Brevard
24. 9. Name and Address of Current Registered Agent FALLON, JOHN A 1200 MALABAR RD. #2 PALM BAY FL 32907		10. Name and Address of New Registered Agent 81. Name Fallon, John F (same agent) 82. Street Address (P.O. Box Number is Not Acceptable) 940 Taft Ave SE 83. 84. City Palm Bay 85. Zip Code FL 32909	

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 607.005, Florida Statutes.

SIGNATURE: *[Signature]* President DATE: 4/1/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FALLON, JOHN A		1.2 NAME Fallon, John F	address
STREET ADDRESS 1200 MALABAR RD. #2		1.3 STREET ADDRESS 940 Taft Ave SE	
CITY-ST-ZIP PALM BAY FL 32907		1.4 CITY-ST-ZIP Palm Bay, FL 32909	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FALLON, KATHLEEN M		2.2 NAME Fallon, Kathleen	address
STREET ADDRESS 1200 MALABAR RD. #2		2.3 STREET ADDRESS 940 Taft Ave SE	
CITY-ST-ZIP PALM BAY FL 32907		2.4 CITY-ST-ZIP Palm Bay, FL 32909	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* President DATE: 4/1/97 DAYTIME PHONE # 407-952-0863

CR2E034 (9/96)