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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000012199 (3)

PROFESSIONAL ASSOCIATION MAINTENANCE SERVICES, I NC.

Principal Place of Business

Mailing Address

1235 WINDING OAKS CIRCLE EAST VERO BEACH FL 32963 1235 WINDING OAKS CIRCLE EAST VERO BEACH FL 32963-4006

FILED May 06 1997 8:00am Secretary of State



TEND DENOTITE O		72/10 02/10/17 12 02/00							
						3. Date Incorporated or Qualified 02/08/1994		e of Last 4/1996	Report
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number		,	Applied For
21		26				59-3224552			Not Applicable
Suite, Apt. #.	etc.	Suite, Apt. #, etc				5. Certificate of Status Desired			Additional
22		27						Feol	Required
City & State		City & State				6. Election Campaign Financing	-		0 May Be
23		28				Trust Fund Contribution			d to Fees
Zip 24	Gountry	Zip	Cou	าเกร		8. This corporation has hability for	r intangible t ☐ Yes ☐		s. 199 032,
	9. Name and Address of Curren	1 Registered Agent	30			Florida Statutes 10. Name and Address of New F			
	LE, MARK R CPA	r riogisterou Agent		81 Na	ame	to: Name and Address of New 1	icgistered A	gent	
19495 BISCAYNE BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 705 NORTH MIAMI BEACH FL 33180				83					
NUKIT	MIAMI BEACH PL 33180			03					
				84 Ci	ty			85 7ig	p Code
- 44 - 5						oration submits this statement for the		<u> </u>	
office or req	istered agent, or both, in the State familiar with, and accept the obliga	of Florida, Such change w	as authorized	f by the	corporati	on's board of directors. I hereby acc	ept the appo	ointrnent a	as registered
SignATURE	nature, typed or pointed name of registered age	ot and little if applicable (NOTE Registered	Agest sig	nature require	ed when reinstating)	DATE		
12.	OFFICERS ANI		13,			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12
TITLE		L_J DELETE	1.1 10	l F	P/	'D		Change	e [] Addition
	AWSON, PAMELA S		1.2 NA	M('				
STREET ADDRESS 1235 WINDING OAKS CIRCLE EAST				1.3 STREET ADDRESS Pamula S. Dawson					
CITY-ST-ZIP V	ERO BEACH FL 32963		_ 1.4 CI	Y - S1 - 71F	12	235 Winding Oaks Cir ro Beach, Fl 32963			
TITLE		☐ DELETE	2.1 TO	LF	i			Change	Addilion
NAME			2.2 NA	ME	S/				
STREET ADDRESS			2.3 ST	REET ADDE		vid Eckert			
CITY-ST-ZIP			2. 4 C	TY - \$1 - 71	12	35 Winding Oaks Cir	cle Eas	st	
TITLE		DELETE	3.1 111	LF.	Ve	ro Beach, FL 32963		☐ Change	e [] Addition
NAME			3 2 NA	MŁ					
STREET ADDRESS			3381	REET ADDR	RESS				
CITY-ST-ZIP			34 C	1Y - S1 - ZII	>				
TITLE		☐ DELFTE	4.1 7 11	LE				Change	Addition
NAME			4. 2 N	AME		•			
STREET ADDRESS			4.3 S1	REET ADDE	RESS				
CITY-ST-ZIP			4.4 CI	1 Y - ST - <i>7</i> (F					
TITLE		DELETE	5.110	LE				Change	e [] Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 51	REET ADDI	IFSS				
CITY-ST-ZIP			5.4 CI	TY-ST-Z)F					
TITLE	70. 44.	☐ DELFTE	6.1 TI	LF				Change	Addition
NAME			6.2 N	ML					
STREET ADDRESS			6.3 ST	RELL ADDI	KESS				
CITY-ST-ZIP			64 DI	IY - \$1 - 7IF					

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 dector of the corpolation or the receiver priviled 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 attriction with an address.

CICNATUDE