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

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000014627	(0)
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EXPERT MANAGEMENT AND MAINTENANCE COMPANY, INC.

Mailing Address Principal Place of Business 4248 NE OCEAN BLVD 4248 NE OCEAN BLVD 3a. Date of Last Report JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 3. Date Incorporated or Qualified 02/20/1995 Applied For 4 FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite Apt #. etc Suite, Apt #, etc Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199 032 Florida Statutes Yes No. Country Country Zip 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CAMPO, ANGELA Street Address (P.O. Box Number is Not Acceptable) 82 4248 NE OCEAN BLVD JENSEN BEACH FL 34957 83 Zip Code 85 City 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. Thereby accept the appointment as registered agent, it am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE DAIL (NO's Registered Agent signative required when relastifing) Signature typed or present name of registered agent and title if applicable (3/96) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OF LICERS AND DIRECTORS 13. 12 Change Addition DELETE 11 THE **PSTD** TITLE CR2E034 1.2 NAME CAMPO, ANGELA NAME 1.3 STREET ADDRESS 4248 NE OCEAN BLVD STREET ADDRESS 1.4 City - St - ZIP JENSEN BEACH FL 34957 CITY-ST-ZIP Change Addition DELETE 21 11111 TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 C(TY - \$1 - Z)P CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELETE 5 t TIPLE TITLE 5.2 NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 a officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if changes, or on an attachment with an address

5.3 STREEL ADDRESS

6.3 STREET ADDRESS

54 CHY S! - ZIP

6.1 THEF

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

6/17/96 407 225-1800

Change Addition