

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000017150 (0)

1. Corporation Name

FACILITIES SERVICES OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

8900 NORTH KENDALL DR.
MIAMI FL 33176

8900 NORTH KENDALL DR.
MIAMI FL 33176

3. Date Incorporated or Qualified

03/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAXON, KYLE R
1700 ALFRED I. DUPONT BLDG.
169 EAST FLAGLER ST.
MIAMI FL 33131

81 Name

Jody Lehman

82

Street Address (P.O. Box Number is Not Acceptable)

8900 N. Kendall Drive

83

84 City

Miami,

FL

85

Zip Code
33176

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:

Jody Lehman
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

4-26-96
DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	KEELEY, BRIAN E	
STREET ADDRESS	% 8900 NORTH KENDALL DR.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	V	<input type="checkbox"/> DELETE
NAME	REES, ROBERT B	
STREET ADDRESS	% 8900 NORTH KENDALL DR.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TULLOCH, THOMAS J	
STREET ADDRESS	% 8900 NORTH KENDALL DR.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LAWSON, RALPH E	
STREET ADDRESS	% 8900 NORTH KENDALL DR.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	V/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300001812653
5.3 STREET ADDRESS	-05/08/96--01014--014
5.4 CITY-ST-ZIP	***200.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph E. Lawson

4/24/96 (305) 596-1960

Date

Daytime Phone #

CR2E034 (12/95)