

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

8900 NORTH KENDALL DR.
MIAMI FL 33176

Mailing Address

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

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

(NOTE: Registered Agent signature required when translating)

4-26-96
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME KEELEY, BRIAN E
STREET ADDRESS % 8900 NORTH KENDALL DR.
CITY-ST-ZIP MIAMI FL 33176

TITLE V ☐ DELETE
NAME REES, ROBERT B
STREET ADDRESS % 8900 NORTH KENDALL DR.
CITY-ST-ZIP MIAMI FL 33176

TITLE V ☐ DELETE
NAME TULLOCH, THOMAS J
STREET ADDRESS % 8900 NORTH KENDALL DR.
CITY-ST-ZIP MIAMI FL 33176

TITLE ST ☐ DELETE
NAME LAWSON, RALPH E
STREET ADDRESS % 8900 NORTH KENDALL DR.
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE V/S/T ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)