
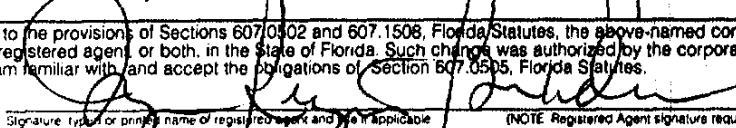


**. FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P95000042844 1. Corporation Name <b>CENTRECORP MAINTENANCE SERVICES, INC.</b>					
Principal Place of Business <b>2401 PGA Blvd. Palm Beach Gardens, FL 33410</b>			Mailing Address		
2. Principal Place of Business <b>21 2401 PGA Blvd.</b>		2a. Mailing Address <b>26 Suite, Apt. #, etc. 27 Suite 280</b>		3. Date Incorporated or Qualified <b>6/1/95</b>	
City & State <b>22 Palm Beach Gardens, FL</b>		City & State <b>27 Palm Beach</b>		3a. Date of Last Report <b>4/1/96</b>	
Zip <b>24 33410</b>		Country <b>25</b>		4. FEI Number <b>65-0585603</b>	
Country <b>29</b>		Country <b>30</b>		Applied For <b>Not Applicable</b>	
9. Name and Address of Current Registered Agent <b>JAYNE REGESTER BARKDULL, ESQUIRE LEVY, KNEEN, MARIANI, CURTIN, WIENER, KORNFELD &amp; DEL RUSSO, P.A. 1400 Centrepark Blvd., Suite 1000 West Palm Beach, Florida 33401</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Pursuant to the provisions of Sections 607.0302 and 607.1506, 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.				10. Name and Address of New Registered Agent	
SIGNATURE  Signature (Typed or printed name of registered agent and fee applicable)				DATE <b>4/10/97</b>	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <b>DP PRESTON, JOHN W.S. 2851 John Street, Suite One Markham, Ontario, Canada L3R 5R7</b>				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <b>2401 PGA Blvd., Suite 280 Palm Beach Gardens, FL 33410</b>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <b>DS GREEN, ROBERT S. 2851 John Street, Suite One Markham, Ontario, Canada L3R 5R7</b>				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				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 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:**

**Robert S. Green April 15, 1997 (905) 477-9200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)