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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000081430 (7)

1. Corporation Name  
SOUTH FLORIDA FIRE & WATER RESTORATION COMPANY, INC.  
Southeast Restorations, Inc  
WC 2/17/97



Principal Place of Business: C/O MERCEDE EXECUTIVE, 1876 N. UNIVERSITY DRIVE, 101-P, PLANTAATION FL 33322

Mailing Address: C/O MERCEDE EXECUTIVE, 1876 N. UNIVERSITY DRIVE, 101-P, PLANTAATION FL 33322-4126

3. Date Incorporated or Qualified: 10/24/1995  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 100 S. PINE ISLAND RD., 22 STE. 148, 23 PLANTATION FL., 24 33324

2a. Mailing Address: 25 100 S. PINE ISLAND RD., 26 STE. 148, 27 PLANTATION FL., 28 33324

4. FEI Number: 65-0624146  
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: DOWNEY, CONNIE, 3050 N.E. 13TH AVENUE, POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent: 81 Name: Douglas Aird, 82 Street Address: 9211 S.W. 51ST PL., 83 COOPER CITY, 84 City: COOPER CITY, FL, 85 Zip Code: 33328

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] Douglas Aird, DATE: 2/21/97

| 12. OFFICERS AND DIRECTORS            |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                       |
|---------------------------------------|-------------------------------------|---|---------------------------------------|
| TITLE: PD                             | NAME: AIRD, DOUGLASS                | 1.1 TITLE: [Blank]                                    | 1.2 NAME: [Blank]                     |
| STREET ADDRESS: 3050 N.E. 13TH AVENUE | CITY-ST-ZIP: POMPANO BEACH FL 33064 | 1.3 STREET ADDRESS: 9211 S.W. 51ST PL.                | 1.4 CITY-ST-ZIP: COOPER CITY FL 33328 |
| TITLE: VP                             | NAME: DOWNEY, MICHAEL J.            | 2.1 TITLE: TINA AIRD                                  | 2.2 NAME: TINA AIRD                   |
| STREET ADDRESS: 3050 N.E. 13TH AVENUE | CITY-ST-ZIP: POMPANO BEACH FL 33064 | 2.3 STREET ADDRESS: 9211 SW 51ST PL.                  | 2.4 CITY-ST-ZIP: COOPER CITY FL 33328 |
| TITLE: SD                             | NAME: AIRD, CONNIE                  | 3.1 TITLE: TINA AIRD                                  | 3.2 NAME: TINA AIRD                   |
| STREET ADDRESS: 3050 N.E. 13TH AVENUE | CITY-ST-ZIP: POMPANO BEACH FL 33064 | 3.3 STREET ADDRESS: 9211 S.W. 51ST PL.                | 3.4 CITY-ST-ZIP: COOPER CITY FL 33328 |
| TITLE: T                              | NAME: DOWNEY, CONNIE                | 4.1 TITLE: Douglas Aird                               | 4.2 NAME: Douglas Aird                |
| STREET ADDRESS: 3050 N.E. 13TH AVENUE | CITY-ST-ZIP: POMPANO BEACH FL 33064 | 4.3 STREET ADDRESS: 9211 S.W. 51ST PL.                | 4.4 CITY-ST-ZIP: COOPER CITY FL 33328 |
| TITLE: [Blank]                        | NAME: [Blank]                       | 5.1 TITLE: [Blank]                                    | 5.2 NAME: [Blank]                     |
| STREET ADDRESS: [Blank]               | CITY-ST-ZIP: [Blank]                | 5.3 STREET ADDRESS: [Blank]                           | 5.4 CITY-ST-ZIP: [Blank]              |
| TITLE: [Blank]                        | NAME: [Blank]                       | 6.1 TITLE: [Blank]                                    | 6.2 NAME: [Blank]                     |
| STREET ADDRESS: [Blank]               | CITY-ST-ZIP: [Blank]                | 6.3 STREET ADDRESS: 500002207935                      | 6.4 CITY-ST-ZIP: -06/10/97-01081-032  |

500002207935  
-06/10/97-01081-032  
\*\*\*173.75

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 appointment with an address.

SIGNATURE: [Signature] (954) 2/10/97

CR2E034 (9/96)