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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000046592 (7)

FULL SERVICE BUILDING MAINTENANCE, INC.

Principal Place of Business

Mailing Address

ASSET ME DANIDLE DOAD

OSEL MY CAMPLE DOAD

**FILED** Sep 18 1997 8:00am Secretary of State



CORAL SPRINGS FL 33065			CORAL SPRINGS FL 83065-4101						
							3. Date Incorporated or Qualified 05/31/1996	3a. Date of Last	Report
2. Principal Place of Business 21 9365 W. Sample Road 26 9365 West 5					_		4. FEI Number	1.	Applied For
21 9365	26 9365 WEST	65 West Sample			65-0680500		Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$8.75	Additional	
22 203		27 203				b. Certificate of Status Desired	Fee	Required	
City & State		City & State	City & State			6. Election Campaign Financing	\$5.0	0 May Be	
23 Coral	e springs	28 Coral Springs, F			<b>~ i</b>	Trust Fund Contribution Added to Fees			
Zip				intry			s. 199.032,		
24 3306	o <b>5</b>   25	Broward	29 33065	30 15	2	WARD	Florida Statutes		
9. Name and Address of Current Registered Agent							10. Name and Address of New Re	gistered Agent	
EISENBERG, STACY I						Name			
6550 N FEDERAL HWY STE 330					82 Street Address (P.O. Box Number is Not Acceptable)				
FT L	LAUDERDALE F								
					83				
					84	0.1			
					64	City		FL 85 Zi	o Code
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, type dior printed righe of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.		OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12
TITLE	PTD		☐ DELETE	117	TLE			Change	Addition
NAME	SOTOLOFF, I	LAURA		1.2 N/	AME				
STREET ADDRESS	9351 W SAM	PLE ROAD		1.3 \$1	HEET	ADDRESS			
CITY-ST-ZIP	CORAL SPRI	NGS FL 33065		140	1Y-S	ST - ZIP			]
TITLE	VSD		DELETE	2 1 Tr	TLE			Change	Addition
NAME	SOTOLOFF, I	LAURA		22 N	AME				İ
STREET ADDRESS	9351 W SAM	PLE ROAD		2351	REET	ADDRESS			
CITY-ST-ZIP	CORAL SPRII	NGS FL 33065		2.40	ITY-9	ST-ZIP	1		
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NAME				3.2 N/	AME				İ
STREET ADDRESS				3.3 \$1	REET	ADDRESS			
CITY-ST-ZIP				3.4. C	ITY-9	ST-ZIP			
TITLE	<u> </u>		DELETE	4.1 10				Change	Addition
NAME				4. 2 N	AMÉ	]	•		
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP						11-ZIP			
TITLE		··-	☐ DELETE	5.1 TI		11-21		Change	Addition
NAME			<b>—</b>	5.2 N/					7400000
STREET ADDRESS	•					ADDRESS	•		
CITY-ST-ZIP TITLE			DELETE	5.4 Ci 6.1 Ti		I - ZIP		Change	☐ Addition
NAME				6 2 N/					1
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP	and the		allocation and the first state of the state	6.4 CI	TY-S	T-ZIP			

r concretely certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(+), 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 trustoe 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.