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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000068406 (3)

S.O.S. MAINTENANCE, INC.

FILED May 12 1997 8:00am Secretary of State



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Principal Place of	Business	Mailing Address			ini odala dalak ibish bibit odili diji 1849	I
10221 WEST EMERALD COAST PARKWAY, SUITE 20 DESTIN FL 32541 10221 WEST EMERALD COAST PARKWAY, SUITE 20 DESTIN FL 32541-4968						
				3. Date Incorporated or Qualified	3a. Date of Last Report	
	4			08/14/1996		
2. Mineipal Plabe	of Business 202 SALLA	20 Mailing Addres	s 1/6/1	4. FEI Number	Applied F	
1700 1	Tay 393 South	26 / O DOX Suite, Apl. #, e	<u>, 1471 </u>		Not Applie	
	"N	27		5. Certificate of Status Desired	\$8.75 Addition Fee Required	
City & State	D Davis C	City & Stele)D	6. Election Campaign Financing	\$5.00 May B	
amnta	.KOSO DLOCK FL	20DOMA /	7053 1563Ch, FL	Trust Fund Contribution	Added to Fees	
70160	Goriulia	32160	Country	8. This corporation has liability for		32,
41201ADG	1 25 WUTUI	29 37337	30 MUIDI	Florida Statules	Yes No	
	9, Name and Address of Current I	Hegistered Agent	81 Name	10. Name and Address of New	registered Agent	
	, DEBBIE		Value (
	WEST EMERALD COAST PARK	WAY, SUITE 20	82	100		
DESTIN	I FL 32541		83	e e		
\wedge			63			
Λ).	I die of orth	_	84 C		85	
_ l\elle	well your) 		1	FL [°	
11. Pursuant to the office or regis	he provisions of Sections 607.0502 i ster ed agent, or both, in the State of	and 607.1508, Florida l'Elorida, Such chandi	Statutes, the above-hamed co was authorized by the corpora	rporation coomics this statement for the ation's board of directors. I hereby acc	e purpose of changing its registe opt the appointment as registe	wrea wed
agent. I am f	amiliar with, and accept the obligati	ons of, Softion 607.05	05, Florida Statutes.	•		
SIGNATURE.	L Ilbele K	-other		Carrier Control Control of Control Con		
12.	nature, typed or printed name of registered ascent. OFFICERS AND		(NOTE Registered Agent signature req	ADDITIONS/CHANGES TO OF	DATE	<i>_</i>
TITLE	OFFICERS AND	DELE		Oner John Thomas	~	ddition
NAME			1.2 NAME	PRESIDER	v	1
STREET ADDRESS			1.3 STREET ADDRESS	MICHEL BRASSET	Prosta PRUXA	20
CITY-ST-ZIP			1.4 City- St- ZiP	OZZ W. EMERALL	5011	
TITLE		DHII		OCVETORY	Change A	ddilion
NAME			22 NAME	Sebbie KOTKE	•	41
STREET ADDRESS			2.3 STREET ADDRESS A	0221 W. Emerald	COAST PKWY	رج #
CITY-ST-ZIP			2 4 CHY-S1-ZIP	Statio FL 32		
TITLE		DELE				ddition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STHEET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE	·	DELE			Change A	ddition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			44 CITY-ST-ZIP			
		☐ DELF		,	☐ Change ☐ Ad	ddition
TITLE			1		. —	
TITLE NAME			S.2 NAME			
NAME			5.2 NAME 5.3 STREET ADDRESS			
NAME STREET ADORESS	:		5.3 STREET ADDRESS			
NAME	: ,	DELE	5.3 STREET ADDRESS 5.4 CHY-ST-ZIP		☐ Change ☐ A:	ddition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	: ,	DELE	5.3 STREET ADDRESS 5.4 CHY-S1-ZIP 6.1 TILE		☐ Change ☐ A:	ddition
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	<u>:</u> ,	DELE	5.3 \$18FFT ADDRESS 5.4 C(1Y-\$1-ZIP 1E 6.1 TITLE 6.2 NAME		☐ Change ☐ A:	ddition
NAME STREET ADDRESS CHY-SI-ZIP TITLE	<u>.</u> : ,	DELE	5.3 STREET ADDRESS 5.4 CHY-S1-ZIP 6.1 TILE		☐ Change ☐ A:	ddition

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. I or on an attachment with an address.

SIGNATURE: