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Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P97000009171 (4)

1. Corporation Name
EAST COAST ELEVATOR SERVICE INC.

Principal Place of Business
3201 DAVIE BLVD
FT LAUDERDALE FL 33312

Mailing Address
3201 DAVIE BLVD
FT LAUDERDALE FL 33312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 7481 NW 66 ST		01/27/1997	
22 City & State		27 MIAMI FL		4. FEI Number	
23 Zip		28 33166		65-0730614	
24 Country		29 USA		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				8. Election Campaign Financing Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROSENTHAL, SHELDON R 25 W FLAGLER ST, SUITE 1040 MIAMI FL 33130		81 Name Benjamin J. Cottrell 82 Street Address (P.O. Box Number Is Not Acceptable) 7481 NW 66 ST. 83 84 City MIAMI FL 85 Zip Code 33166	

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 BENJAMIN J. COTTRELL X 3/10/98
Signature, type and printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	1.1 TITLE	President
NAME	ROSENTHAL, SHELDON R	1.2 NAME	Robert S. Sheehan
STREET ADDRESS	25 W FLAGLER ST, SUITE 1040	1.3 STREET ADDRESS	3201 Davie Blvd.
CITY-ST-ZIP	MIAMI FL 33130	1.4 CITY-ST-ZIP	33130
TITLE	STD	2.1 TITLE	Secretary & Treasurer
NAME	HOPPS, VALERIE	2.2 NAME	Paul Hopps
STREET ADDRESS	25 W FLAGLER ST, SUITE 1040	2.3 STREET ADDRESS	7481 NW 66 St.
CITY-ST-ZIP	MIAMI FL 33130	2.4 CITY-ST-ZIP	Miami FL 33166
TITLE		3.1 TITLE	Assistant Secretary
NAME		3.2 NAME	Mike Rose
STREET ADDRESS		3.3 STREET ADDRESS	7481 NW 66 St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami FL 33166
TITLE		4.1 TITLE	Assistant Secretary
NAME		4.2 NAME	Linda Harber
STREET ADDRESS		4.3 STREET ADDRESS	7481 NW 66 St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami FL 33166
TITLE		5.1 TITLE	Assistant Secretary
NAME		5.2 NAME	Mark Hunt
STREET ADDRESS		5.3 STREET ADDRESS	7481 NW 66 St.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami FL 33166
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: 3/10/98 305-592-7722

CR2E034 (10/97)