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FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000028766 (8)

1. Corporation Name

U.S. MAINTENANCE AND MANAGEMENT SERVICES CORPORATION

Principal Place of Business

2180 W. STATE RD. 434. SANLANDO CENTER
LONGWOOD FL 32779

Mailing Address

P.O. BOX 808089
ORLANDO FL 32880-8088



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3452977	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ARMSTRONG, BRIAN P
1000 COLOR PL.
APOPKA FL 32703

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. CHAIRMAN	1.1 TITLE	PRES
NAME	CIRELLO, JOHN	1.2 NAME	NORM MIRANDA
STREET ADDRESS	1000 COLOR PL.	1.3 STREET ADDRESS	2180 W SR 434 SUITE 1100
CITY-ST-ZIP	APOPKA FL 32703	1.4 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	2. BENCINI, MORRIS A	2.1 TITLE	VP
NAME	1000 COLOR PL.	2.2 NAME	JOHN WOOD
STREET ADDRESS	APOPKA FL 32703	2.3 STREET ADDRESS	2180 W SR 434 SUITE 1100
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	3. BRANUM, KEVIN	3.1 TITLE	CONTROLLER
NAME	1000 COLOR PL.	3.2 NAME	STEVE JENSEN
STREET ADDRESS	APOPKA FL 32703	3.3 STREET ADDRESS	1000 COLOR PL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	APOPKA, FL 32703
TITLE	4. BRANUM, KEVIN	4.1 TITLE	ASST. TREAS.
NAME		4.2 NAME	KALIST JUNG
STREET ADDRESS		4.3 STREET ADDRESS	1000 COLOR PL
CITY-ST-ZIP		4.4 CITY-ST-ZIP	APOPKA, FL 32703
TITLE	5. BRANUM, KEVIN	5.1 TITLE	ASST SEC.
NAME		5.2 NAME	DONNA HENRY
STREET ADDRESS		5.3 STREET ADDRESS	1000 COLOR PL
CITY-ST-ZIP		5.4 CITY-ST-ZIP	APOPKA, FL 32703
TITLE	6. BRANUM, KEVIN	6.1 TITLE	SEC
NAME		6.2 NAME	BRIAN ARMSTRONG
STREET ADDRESS		6.3 STREET ADDRESS	1000 COLOR PL
CITY-ST-ZIP		6.4 CITY-ST-ZIP	APOPKA, FL 32703

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:

[Signature]

3/3/98

(407) 286-0090 x107

CR2E034 (10/97)