

4-21-98 B5243 MC  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S03483 (2)

1. Corporation Name  
FIDELITY MAINTENANCE CORPORATION

Principal Place of Business

18800 US HWY 19 N  
STE. 159  
CLEARWATER FL 34624  
US

Mailing Address

18800 US HWY 19 N  
STE. 159  
CLEARWATER FL 34624  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 18830 US Hwy 19 N.	26 18830 US Hwy 19 N
22 SUITE 332	27 332
23 City & State CLEARWATER, FL	28 City & State CLEARWATER, FL
24 Zip 33764	29 Zip 33764
25 Country USA	30 Country USA

3. Date Incorporated or Qualified	09/25/1990
4. FEI Number	59-3033644
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

SELKOW, ED  
FIDELITY MAINTENANCE CORPORATION  
18800 U.S. HIGHWAY 19 NO. STE. 159  
CLEARWATER FL 34624

CHANGED

81 Name	SELKOW, ED
82 Street Address (P.O. Box Number is Not Acceptable)	FIDELITY MAINTENANCE CORPORATION
83	18830 US HWY 19 N
84 City	CLEARWATER
85 Zip Code	FL 33764

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 ED SELKOW, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

4/13/98

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SELKOW, ED
STREET ADDRESS	274 ARBOR DR. EAST
CITY - ST - ZIP	PALM HARBOR FL 34683
TITLE	V
NAME	URENA, LUIS
STREET ADDRESS	2213 CITRUS VALLEY CIR.
CITY - ST - ZIP	PALM HARBOR FL 34683
TITLE	S
NAME	SELKOW, CINDY
STREET ADDRESS	274 ARBOR DR. EAST
CITY - ST - ZIP	PALM HARBOR FL 34683
TITLE	T
NAME	URENA, CLARA
STREET ADDRESS	2213 CITRUS VALLEY CIR.
CITY - ST - ZIP	PALM HARBOR FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

ED SELKOW

(813)534-0049

CR2E034 (10/97)