


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

FILED

Apr 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S61826** (1)  
1. Corporation Name  
**CUSTODIAL ENGINEERS, INC.**



Principal Place of Business <b>1390 MAIN STREET SARASOTA FL 34236 US</b>	Mailing Address <b>POST OFFICE BOX 447 SARASOTA FL 34230-447 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>H 20 CENTRAL AVE.</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>H 20 CENTRAL AVE</b> Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified <b>06/21/1991</b>	
23 <b>SARASOTA, FL</b> City & State 24 <b>34236</b> Zip 25 <b>USA</b> Country		28 <b>SARASOTA, FL</b> City & State 29 <b>34236</b> Zip 30 <b>USA</b> Country		4. FEI Number <b>65-0274319</b> Applied For Not Applicable	
9. Name and Address of Current Registered Agent <b>BROWN DARYL, J 1819 MAIN STREET SUITE 1100 SARASOTA FL 34236</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				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	
10. Name and Address of New Registered Agent 81 Name <b>JEFF S. RUSSELL</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>ABEL BAND, RUSSELL, COLLIER, PITCHFORD + FORDON</b> 83 <b>240 SOUTH PINEAPPLE AVE</b> 84 City <b>SARASOTA,</b> FL 85 Zip Code <b>34236</b>					

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)

3/10/98  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIFFIN, WILLIAM D</b>	1.2 NAME	
STREET ADDRESS	<b>1390 MAIN STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMMEL, EDWARD J</b>	2.2 NAME	
STREET ADDRESS	<b>1390 MAIN STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PSTD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOMBARDO, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>1390 MAIN STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THISTLE, AL</b>	4.2 NAME	
STREET ADDRESS	<b>1390 MAIN ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Robert Lombardo*

3-9-98

CR2E034 (10/97)