

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

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FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90031 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S84451

1. Corporation Name

CERTIFIED MAINTENANCE SERVICE, INC.



Principal Place of Business 365 OAK PLACE PORT ORANGE FL 32127 US	Mailing Address 365 OAK PLACE PORT ORANGE FL 32127 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 5029 Edgewater Drive 27 Suite, Apt. #, etc. 28 Orlando, FL 29 32810 30		3. Date Incorporated or Qualified 09/27/1991	4. FEI Number 59-3087893	Applied For Not Applicable
				5. Certificate of Status Desired <input 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

HARRIS, MARSHALL
390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name	Marshall S. Harris		
82 Street Address (P.O. Box Number is Not Acceptable)	5029 Edgewater Drive		
83			
84 City	Orlando	85 State	FL
		Zip Code	32810

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 Marshall S. Harris **Marshall S. Harris** 3/18/99 **DATE**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANFREDI, MARK	1.2 NAME	Brandner, J. William
STREET ADDRESS	754 MONROE RD	1.3 STREET ADDRESS	5029 Edgewater Drive
CITY-ST-ZIP	LAKE MONROE FL 32747-1208	1.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, CECIL J JR	2.2 NAME	Ward, Cecil J. Jr.
STREET ADDRESS	365 OAK PLACE	2.3 STREET ADDRESS	365 Oak Place
CITY-ST-ZIP	PORT ORANGE FL 32127	2.4 CITY-ST-ZIP	Port Orange, FL 32127
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Bell, Gary D.
STREET ADDRESS		3.3 STREET ADDRESS	365 Oak Place
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Port Orange, FL 32127
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Ross, David
STREET ADDRESS		4.3 STREET ADDRESS	365 Oak Place
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Port Orange, FL 32127
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Thrasher, Todd D.
STREET ADDRESS		5.3 STREET ADDRESS	5029 Edgewater Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Harris, Marshall S.
STREET ADDRESS		6.3 STREET ADDRESS	5029 Edgewater Drive
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 607.03(3), 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, with all other like empowered.

SIGNATURE: William Brandner **Signature Required** 3/22/99 **DATE** (407) 521-7477 **Daytime Phone #**

CR2E034 (11/98)