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

PROFIT

SIGNATURE:

Apr 20 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandre B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # V63221 (8)COMPLETE PROPERTY MAINTENANCE OF DADE, INC. Principal Place of Business Mailino Address 7405 SW 127 STREET 7405 SW 127 STREET MIAMI FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/11/1992 2. Principal Place of Business 2a. Mailing Address Applied For 65-0355420 Not Applicable 21 26 Suite, Apt #, elc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WINKLER, WILLIAM 7405 SW 127 STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33156** 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. Addition DELETE 1.1 TITLE Change TITLE WINKLER, JUNE NAME. 1.2 NAME 7405 SW 127TH ST. 1.3 STREET ADDRESS STREET ADDRESS MIAM! FL 1.4 CITY - ST - ZIP CITY - ST - ZIP □ DELETE Change Addition TITLE D 2.1 TITLE WINKLER, WILLIAM NAME 22 NAME 7405 SW 127 ST 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2 4 CITY-ST-ZIP City-St-7tP DELETE Change Addition 31 TOLE 71TLE WINKLEY, WILLIAM C 3.2 NAME NAME 7405 SW 127 ST 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY - ST - ZIP 3.4. CITY - ST-ZIP DELETE Change Addition 4 1 TITLE TITLE NAME WINKLER, KEVIN 4.2 NAME 7504 SW 127 ST STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CiTY-ST-ZIP Change Addition DELETE THILE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY ST - ZIP 14. Thereby certify that the information supplied with this filling 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 supplientental 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 allignment with an address.

ne Zunkler

FILED

305-256-1012