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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **728342**

1. Corporation Name
5300 MAINTENANCE AND MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
5300 WASHINGTON STREET HOLLYWOOD FL 33021-8046	5300 WASHINGTON STREET HOLLYWOOD FL 33021-8046

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/10/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1495451 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCARAMUZZI, VINCENT 5300 WASHINGTON ST. D201 HOLLYWOOD FL 33021	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ 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	PD	☐ DELETE	1.1 TITLE	P.D	☐ Change ☐ Addition
NAME	SCARAMUZZI, VINCENT		1.2 NAME	Joe Kamerow	
STREET ADDRESS	5300 WASHINGTON ST., D201		1.3 STREET ADDRESS	5300 Washington St., F311	
CITY-ST-ZIP	HOLLYWOOD, FL 00000		1.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DELL, CATHY		2.2 NAME		
STREET ADDRESS	5300 WASHINGTON ST., KK321		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☐ Change ☐ Addition
NAME	CHISENA, GERTRUDE		3.2 NAME	Vincent SCARAMUZZI	
STREET ADDRESS	5300 WASHINGTON STREET O-129		3.3 STREET ADDRESS	5300 Washington St, D201	
CITY-ST-ZIP	HOLLYWOOD FL		3.4 CITY-ST-ZIP	Hollywood FL 33021	
TITLE	SD	☐ DELETE	4.1 TITLE	Gert Rude Chisena	☐ Change ☐ Addition
NAME	POWE, JANET		4.2 NAME	5300 Washington St	
STREET ADDRESS	5300 WASHINGTON ST., T226		4.3 STREET ADDRESS	O129	
CITY-ST-ZIP	HOLLYWOOD FL 33021		4.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DEXTER, SHIRLEY		5.2 NAME		
STREET ADDRESS	5300 WASHINGTON ST., B322		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP		
TITLE	1VPD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DELL, CATHY		6.2 NAME		
STREET ADDRESS	BLDG. K, APT 321 5300 WASHINGTON ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		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 617, 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: SIGNATURE REQUIRED Shirley Dexter TREAS. 2/12/99 954-962-0121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)