

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sara B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000049788 (9)**

1. Corporation Name
PERFORMANCE PROPERTY MAINTENANCE, INC.



Principal Place of Business
**% ARLENE ROCK
1360 S. DIXIE HIGHWAY
CORAL GABLES FL 33146**

Mailing Address
**% ARLENE ROCK
1360 S. DIXIE HIGHWAY
CORAL GABLES FL 33146**

2. Principal Place of Business
21 **1172 S. Dixie Hwy.**
Suite, Apt. #, etc.
22 **217**
City & State
23 **CORAL GABLES, FL**
Zip Country
24 **33146** 25
2a. Mailing Address
26 **1172 S. Dixie Hwy.**
Suite, Apt. #, etc.
27 **217**
City & State
28 **CORAL GABLES, FL**
Zip Country
29 **33146** 30

3. Date Incorporated or Qualified **06/26/1995**
3a. Date of Last Report
4. FEI Number **65-0631991** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROCK, ARLENE
1360 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 *Arlene Rock* **ARLENE ROCK** **3/7/96**
Signature of person named as registered agent is not applicable. (NOTE: Registered Agent signature required when re-appointing.) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PSTD SARAIVA, RONALD**
STREET ADDRESS **7330 HARDING AVENUE, #15**
CITY-STATE-ZIP **CORAL GABLES FL 33141**
TITLE DELETE
NAME **ROCK, ARLENE**
STREET ADDRESS **1360 S. DIXIE HIGHWAY**
CITY-STATE-ZIP **CORAL GABLES FL 33146**
TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
14. CITY-STATE-ZIP **MIAMI BEACH, FL 33141**
2. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
3. TITLE Change Addition
32. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP
4. TITLE Change Addition
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP
5. TITLE Change Addition
52. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP
6. TITLE Change Addition
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Arlene Rock - Director* **3/7/96** **305-661-0013**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE OF FILING

CR2E034 (12/95)