

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90249 029 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000077342**

1. Corporation Name  
**NEXIS GENERAL MAINTENANCE INC.**



Principal Place of Business 5680 NW 74TH PL. APT 201 COCONUT CREEK FL 33073	Mailing Address 5680 NW 74TH PL. APT 201 COCONUT CREEK FL 33073
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/01/1998</b>	4. FEI Number 65-0861506	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <b>3410 West Hillsboro</b> Suite, Apt. #, etc. 22 <b>102</b> City & State 23 <b>Coconut Creek FL</b> Zip Country 24 <b>33073</b> 25	2a. Mailing Address 26 <b>3410 W. Hillsboro Blvd</b> Suite, Apt. #, etc. 27 <b>102</b> City & State 28 <b>Coconut Creek, FL</b> Zip Country 29 <b>33073</b> 30
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9. Name and Address of Current Registered Agent <b>RIVERA, OLGA</b> <b>5680 NW 74TH PL, APT 201</b> <b>COCONUT CREEK FL 33073</b>		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VSD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RODRIGUEZ, ANA MARIA</b>		1.2 NAME <b>Rodriguez, Ana Maria</b>	
STREET ADDRESS <b>5680 NW 74TH PL, APT 201</b>		1.3 STREET ADDRESS <b>3410 W. Hillsboro Blvd, APT 102</b>	
CITY-ST-ZIP <b>COCONUT CREEK FL 33073</b>		1.4 CITY-ST-ZIP <b>Coconut Creek, FL 33073</b>	
TITLE <b>PT</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>ESD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RODRIGUEZ, ROLANDO</b>		2.2 NAME <b>Rodriguez, Marjorie</b>	
STREET ADDRESS <b>5680 NW 74TH PL, APT 201</b>		2.3 STREET ADDRESS <b>3410 W. Hillsboro Blvd. Apt 102</b>	
CITY-ST-ZIP <b>COCONUT CREEK FL 33073</b>		2.4 CITY-ST-ZIP <b>Coconut Creek, FL 33073</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME <b>Rodriguez, Rolando</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>3410 W. Hillsboro blvd, Apt 102</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>Coconut Creek, FL 33073</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 in an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: **04-15-99** Daytime Phone #: **(954)360-0383**

CR2E034 (11/98)