

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S28575** (6)

1. Corporation Name
SPECIALITY MAINTENANCE, INC.



Principal Place of Business Mailing Address
**954-C S. HOAGLAND BLVD
KISSIMMEE FL 34741
US** **P.O. BOX 420575
KISSIMMEE FL 34742
US**

3. Date Incorporated or Qualified **01/30/1991** 3a. Date of Last Report **04/27/1995**
4. FEI Number **59-3144229** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**KROFT, ROBERT W.
1298 E LAKESHORE BLVD
KISSIMMEE FL 34744**

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE **VICE President** DELETE
NAME **KROFT, ROBERT W.**
STREET ADDRESS **1298 E LAKESHORE BLVD**
CITY, ST, ZIP **KISSIMMEE FL**
TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME **PRESIDENT**
1.3 STREET ADDRESS **TAMMY KROFT**
1.4 CITY-ST-ZIP **1298 E. LAKESHORE BLVD.**
KISSIMMEE FL 34744
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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, changed, or on an attachment, with an address.

SIGNATURE: **Tammy Kroft** **TAMMY KROFT** 1/23/96 409 9334555
SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)