

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90190 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V52754

1. Corporation Name
NEWCEN MAINTENANCE, INC.

Principal Place of Business 19146 LYONS ROAD BOCA RATON FL 33434 US	Mailing Address 19146 LYONS ROAD BOCA RATON FL 33434 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100 Century Blvd. Suite, Apt. #, etc. 22 City & State 23 West Palm Beach, FL Zip Country 24 33417 25	2a. Mailing Address 26 100 Century Blvd. Suite, Apt. #, etc. 27 City & State 28 West Palm Beach, FL Zip Country 29 33417 30	3. Date Incorporated or Qualified 07/22/1992	4. FEI Number 65-0347874 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

JAVEN, JACK
 19146 LYONS RD
 BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name
Mary Jane Merola
 82 Street Address (P.O. Box Number is Not Acceptable)
100 Century Blvd.
 83
 84 City
West Palm Beach, FL 85 Zip Code
33417

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 *Mary Jane Merola* **Mary Jane Merola, Agent** DATE **4-12-99**

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, H. IRWIN	1.2 NAME	
STREET ADDRESS	100 CENTURY BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBIN, MICHAEL S.	2.2 NAME	Levy, Mark F.
STREET ADDRESS	19146 LYONS ROAD	2.3 STREET ADDRESS	100 Century Blvd.
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	West Palm Beach, FL 33417
TITLE	DVTS <input type="checkbox"/> DELETE	3.1 TITLE	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAVEN, JACK	3.2 NAME	Jaiven, Jack
STREET ADDRESS	19146 LYONS ROAD	3.3 STREET ADDRESS	100 Century Blvd.
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	West Palm Beach, FL 33417
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICH, MICHAEL A.	4.2 NAME	Gleeson, Antoinette
STREET ADDRESS	19146 LYONS ROAD	4.3 STREET ADDRESS	100 Century Blvd.
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	West Palm Beach, FL 33417
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEDDES, JAMES A.	5.2 NAME	Floyd, Orilla
STREET ADDRESS	19146 LYONS RD	5.3 STREET ADDRESS	100 Century Blvd.
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	West Palm Beach, FL 33417
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, HAROLD	6.2 NAME	Halperin, Maurice
STREET ADDRESS	19146 LYONS RD	6.3 STREET ADDRESS	100 Century Blvd.
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	West Palm Beach, FL 33417

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack Jaiven* SIGNATURE REQUIRED: **Jack Jaiven, V.P.** DATE: **4/12/99** (561) 640-3105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

NewCen Maintenance, Inc.
Document #V52754
1999 Corporation Annual Report

additions to officers and directors

D
Halperin, Barry
100 Century Blvd.
West Palm Beach, FL 33417

447876-90190-39
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