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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 0:48

DOCUMENT # 236338 (0)

1. Corporation Name
COMMUNICATION MAINTENANCE INC

Principal Place of Business	Mailing Address
455 NORTH FLAGLER AVENUE HOMESTEAD FL 33030	455 NORTH FLAGLER AVENUE HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1960
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-0944775 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SPISIAK, JOHN G.
929-B HAMILTON DRIVE
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name: SPISIAK, JOHN G.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 18850 S.W. 308 ST
84 City: HOMESTEAD FL 85 Zip Code: 33030

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: JOHN G. SPISIAK — John G. Spisiak — 6-9-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	SPISIAK, JOHN G.	12 NAME	
STREET ADDRESS	929-B HAMILTON DRIVE	13 STREET ADDRESS	
CITY ST ZIP	HOMESTEAD FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	S ☒ Change ☐ Addition
NAME	SPISIAK, JAMES E., JR.	22 NAME	BARBARA J. WILLIAMS
STREET ADDRESS	14001 S.W. 90TH AVENUE	23 STREET ADDRESS	18850 S.W. 308 ST
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	HOMESTEAD FL 33030
TITLE	T	31 TITLE	T ☒ Change ☐ Addition
NAME	WEBSTER, ANNA K.	32 NAME	BARBARA J. WILLIAMS
STREET ADDRESS	18650 S.W. 207TH AVENUE	33 STREET ADDRESS	18850 S.W. 308 ST
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	HOMESTEAD FL 33030
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: John G. Spisiak — JOHN G. SPISIAK Pres — 6-9-95 — (305) 247-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000077 CP