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

**PROFIT CCRPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90145 025 \*\*\*150.00

## DOCUMENT # 373243

CLAUDE MAINTENANCE AND SERVICE CORPORATION

										<b>                                   </b>
Principal Place of Business		Mailing Address								
540 WEST 83RD STREET		P. O. BOX 522517								
HIALEAH FL 33014		MIAMI FL 33152			DO NOT WRITE IN THIS SPACE					
US		US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
						11/	/25/1970			
2. Principal Pl	ace of Business	2a. Mailing Address				Nu nber		A	pp jed For	
21		26				59-	<u>-1308655</u>			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5 Cort	tifcate of Status Desired	<del>.</del> 🗆		Ac ditional
22		27			J. 001			Fee R	Required	
City & S ate		City & State				6. Elec	ction Campaign Financi	ng 🖂		<b>)</b> May Be
23		28			Trus	st Fund Contribution		Added	to Fees	
Zip Country		F-1		untry		1	corporation owes the	current year h	_	נים אי.
24	25	29	30				sonal Property Tax.	D1-4	☐ Yes	[]No
	9. Name and Add ess of Curren	it Registered Agent		81	- Norman	10. Nan	ne and Address of Ne	w Registere:	Agent	
ve:ei	BECK DAIN I		1	۱'	Name					
YESBECK, PAUL J. 540 West 83RD Street				82	Street Acd	dress (P.O. E	Box Number is Not Acco	eptable)		
HIALEAH FL 33014			=	83						
				84	City				85 Zip	Code
					- 3			FI	L	
office crre	to the provisions of S∈ctions 607.050 egistered agent, or bo h, in the State m familiar with, and accept the obliga	of Florida, Such change was	authorized	Dy	the corporat	rporation sub tion's board o	omi's this statement for of directors. I hereby ac	the purpose of ocept the appo	न changing it sintment as r	eg stered
SIGNATUFE		7.07	* 0			red when reinstati	lina)	DATE		
12.	Signature, typed or printed name of registered age		13.	Ayen	it signature requir		ITIONS/CHANGES TO		ND DIRECT	OFIS IN 12
TITLE	PD OFFICERS AN			1.1 TITLE					☐ Change	
	DOREN,SIDNEY M			1.2 NAME						
NAME	540 WEST 83RD STREET		1		T ADDOCES					
STREET ADDRESS	HIALEAH FL			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP						
CITY-\$T-ZIP	SD	☐ DELETE			1-217				Change	Addition
TITLE	YESBECK,PAUL J		2.2 NA							_
NAME	540 WEST 83RD STREET		2.3 STREE		T ADDDECC					
LIMITAL CI			2.4 CITY-ST-ZIP		[					(
CITY-ST-ZIP	T	☐ DELETE	31 TH		11-ZIP				Change	Addition
TITLE	YESBECK, PAUL J.			32 NAME						
NAME	540 WEST 83RD STREET			3.3 STREET ADDRESS						
STREET ADDRESS	HIALEAH FL		•	34. CITY-ST-ZIP						
CITY-ST-ZIP	D			4.1 TITLE				<del></del>	☐ Change	e Addition
TITLE	YESBECK, FRANCES A.		4. 2 N/							_
NAME	540 WEST 83RD STREET			4.3 STREET ADDRESS						
STREET ADDRESS	1014 5414 51			4.3 STREET ADDRESS T						
CITY-ST-ZIP	DELETE		_	5.1 TITLE					[] Change	e Addition
TITLE		- Detecte	5.2 NA							_
NAME					T ADDRESS					
STREET ADDRI SS			54 CIT							
CITY-ST-ZIP		DELETE	6.1 TIT						[] Change	e Addition
TITLE			6.2 NA							
NAME			H		T ADDRESS					
STREET ADDRESS			0.5 511	· VLE	I FEDERALOS					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (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 eath; that I am an officer or director of the perportition or the recovery further empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

362-3333