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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 377753

(9)

MANAGEMENT-MAINTENANCE, INC.

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FI	LED
Jan 26 19	998 8:00am
Secreta	ry of State

Principal Place of Business         Mailing Address           C/O FREISTAT & ASSOCIATES         C/O FREISTAT & ASSOCIATES           16211 N. E. 18 AVE/         16211 N. E. 18 AVE           N. MIAMI BEACH FL 33162         N. MIAMI BEACH FL 33162		SS	~ -,-		-					
		16211 N. E. 1	16211 N. E. 18 AVE			DO NOT WRITE IN THIS SPACE				
บร		U\$				3. Date Incorporated or Qualified				
						03/05/1971				
2. Principal Plac	e of Business	2a. Mailing Ad	dress			4. FEI Number	Applied For			
1		26	26			59-1318843	Not Applicable			
Suite, Apt. #,	etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	9			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip 29	<del> </del>			This corporation owes or has paid the cu Personal Property Tax due June 30.	rrent year Intangible Yes No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent							
Fran	KLIN, GERALD		1	81	Name					
C/O FREISTAT & ASSOCIATES			Street Address (P.O. Box Number Is Not Acceptable)							
N. MI	AMI BEACH FL 33162		[8	83						

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.

City

SIGNATURE	Signature, typed or printed name of registered agent and title if applicat	ble. (NOTE: R	egistered Agent signature n	equired when reinstating)	DATE	•	·
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES T	O OFFICERS AN	D DIRECTOR	S IN 12
IIITLE	PD	DELETE	1.1 TITLE			Change	Addition
NAME	Franklin, Jerry		1.2 NAME				
STREET ADDRESS	826 SHIELDS DR.		1.3 STREET ADDRESS				
CITY - ST - ZIP	SEVIERVILLE TN		1.4 CITY - ST - ZIP				
IIIŒ	VD	DELETE	2.1 TITLE			Change	☐ Addition
NAME	CHAYKIN, LOUIS		2.2 NAME				1
STREET ADDRESS	19740 NE 24TH CT.		2.3 STREET ADDRESS		**		j
CITY-ST-ZIP	N MI		2. 4 CITY-ST-ZIP				
TITLE	ST	☐ DELETE	3.1 TITLE			Change	Addition Addition
NAME	FRANKLIN, BARBARA		32 NAME				
STREET ADDRESS	826 SHIELDS DR.		3.3 STREET ADDRESS				
CITY-ST-ZIP	SEVIERVILLE TN		3.4. CHY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				ŀ
Street address			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS	,		5.3 STREET ADDRESS				
CMY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change	☐ 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 chapter 607, or on an attachment with an address.

SIGNATURE:

Seid Franklin

Jan. 12 1998 423-4532149

CR2E034 (10/97)

Zip Code

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