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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704227 (8)

1. Corporation Name

SECTION FOUR MAINTENANCE CORP., INC.

Principal Place of Business

2A61 N.W. 14TH PLACE
LAUDERHILL FL 33313
US

Mailing Address

5261 N.W. 14TH PLACE
LAUDERHILL FL 33313-5407
US3. Date Incorporated or Qualified
06/27/19623a. Date of Last Report
03/29/19964. FEI Number
59-1022297Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

L'HOMME, RAMLOCHAN D
5820 N.W. 12TH ST
SUITE D
FT LAUDERDALE FL 33313

10. Name and Address of New Registered Agent

81 Name STANLEY LLOYD

82 Street Address (P.O. Box Number is Not Acceptable)
2812 N.W. 108TH AVE

84 City SUNRISE

FL

85 Zip Code 33322

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	P	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, THERESA	
STREET ADDRESS	8590 SUNRISE LAKES BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	L'HOMME, RAMLOCHAN DIAN	
STREET ADDRESS	5820 NW 12TH ST., D.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WALME, SERGE	
STREET ADDRESS	5261 N.W. 14TH PLACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMERON, VICTOR	
STREET ADDRESS	5920 NW 12TH ST D	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALME, SERGE	
STREET ADDRESS	5261 NW 14TH PLACE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, THERESA	
STREET ADDRESS	8590 SUNRISE LAKES BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STANLEY LLOYD	
1.3 STREET ADDRESS	2812 N.W. 108TH AVE	
1.4 CITY-ST-ZIP	SUNRISE FL 33322	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LARONDE, BERNADINE	
2.3 STREET ADDRESS	5920 N.W. 12TH #H	
2.4 CITY-ST-ZIP	SUNRISE FL 33313	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	THOMAS LOCITE	
5.3 STREET ADDRESS	5920 N.W. 12TH ST # G	
5.4 CITY-ST-ZIP	SUNRISE FL 33313	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	STANLEY LLOYD	
6.3 STREET ADDRESS	2812 N.W. 108TH AVE.	
6.4 CITY-ST-ZIP	SUNRISE FL 33322	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LLOYD STANLEY LLOYD 2-22-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034910

CR2E037 (9/96)