

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **704227** (8)

1. Corporation Name

SECTION FOUR MAINTENANCE CORP., INC.

Principal Place of Business

Mailing Address

2481 N.W. 14TH PLACE  
LAUDERHILL FL 33313  
US

5261 N.W. 14TH PLACE  
LAUDERHILL FL 33313  
US

2. Principal Place of Business

21 5920 NW 12 ST

Suite, Apt. #, etc.

22 # G

City & State

23 SUNRISE FL

Zip

24 33313

Country

25 BROWARD

2a. Mailing Address

26 5920 NW 12 ST

Suite, Apt. #, etc.

27 # G

City & State

28 SUNRISE FL

Zip

29 33313

Country

30 BROWARD

9. Name and Address of Current Registered Agent

LLOYD, STANLEY  
2812 N.W. 108TH AVE.  
SUITE D  
SUNRISE FL 33322

3. Date Incorporated or Qualified

06/27/1962

4. FEI Number

59-1022297

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME  
P LLOYD, STANLEY  
STREET ADDRESS  
2812 N.W. 108TH AVE.  
CITY-ST-ZIP  
SUNRISE FL

TITLE ☐ DELETE

NAME  
VP BERNADINE, LARONDE  
STREET ADDRESS  
5920 N.W. 12TH, #H  
CITY-ST-ZIP  
SUNRISE FL

TITLE ☐ DELETE

NAME  
ST WALME, SERGE  
STREET ADDRESS  
5261 N.W. 14TH PLACE  
CITY-ST-ZIP  
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME  
D CAMERON, VICTOR  
STREET ADDRESS  
5920 NW 12TH ST D  
CITY-ST-ZIP  
FT LAUDERDALE FL

TITLE ☐ DELETE

NAME  
D LOCITE, THOMAS  
STREET ADDRESS  
5920 N.W. 12TH ST., #G  
CITY-ST-ZIP  
SUNRISE FL

TITLE ☐ DELETE

NAME  
D LLOYD, STANLEY  
STREET ADDRESS  
2812 N.W. 108TH AVE.  
CITY-ST-ZIP  
SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

*[Handwritten Signature]* 2-14-98

CR2E037 (10/97)