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Feb 18, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-18-1999 90090 021 *****61.25

DOCUMENT # 704227

1. Corporation Name

SECTION FOUR MAINTENANCE CORP., INC.

Principal Place of Business

5920 NW 12TH ST #G
SUNRISE FL 33313
US

Mailing Address

5920 NW 12TH ST #G
SUNRISE FL 33313
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

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

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 P [] DELETE

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

TITLE VP [] DELETE

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

TITLE ST [] DELETE

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

TITLE D [] DELETE

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

TITLE D [] DELETE

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

TITLE D [] DELETE

NAME 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 [] Change [] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE [] Change [] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Lloyd Stanley 2-2-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)