

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

3/21/95 B-2430-C

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 21 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F91469 (9)

1. Corporation Name

MAINTENANCE AUTOMATION CORPORATION

Principal Place of Business

3107 W. HALLANDALE BCH. BLVD.
HALLANDALE FL 33009

Mailing Address

3107 W. HALLANDALE BCH. BLVD.
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/21/1982

3a. Date of Last Report

01/31/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

59-2217452

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KATZ, ELI G.
1000 NE 25 AVE.
HALLANDALE FL 33009

81 Name

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

1105 SCARLET OAK ST.

83

84 City

HOLLYWOOD

FL

85 Zip Code

33019

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.

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
NAME	KATZ, ELI G.
STREET ADDRESS	1000 NE 25 AVE.
CITY-ST-ZIP	HALLANDALE FL
TITLE	ST
NAME	KATZ, PHYLLIS
STREET ADDRESS	1000 NE 25 AVE.
CITY-ST-ZIP	HALLANDALE FL
TITLE	V.
NAME	MEOLA, NICHOLAS
STREET ADDRESS	10480 N.W. 18TH PLACE
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	VP
NAME	KNECHT, MITCHELL
STREET ADDRESS	11082 TOPEKA PLACE
CITY-ST-ZIP	COOPER CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1105 SCARLET OAK ST.	
1.4 CITY-ST-ZIP	HOLLYWOOD FL 33019	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1105 SCARLET OAK ST.	
2.4 CITY-ST-ZIP	HOLLYWOOD FL 33019	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	544 SW 180TH AVE	
3.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029	
4.1 TITLE	P	☒ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/95

305 962 8800