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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800003566

ABM FACILITY SERVICES COMPANY

		_	
Principal	Place	of	Business

Mailing Address

May 04, 1999 8:00 am Secretary of State

05-04-1999 90210 039 ***150.00



: Of Dusiness	Milling / Iouroco									
E SUITE 222	160 Pacific ave Suite 222 San Francisco ca 94111									
O OR 54111				DO NOT WRITE IN THIS SPACE						
				3.	Date Incorporated or Qualifed					
				}	06/23/1998					
ace of Business	2a. Mailing Address		_	4.	FEI Number		_	Applied For		
	26				84-0601290			lot Applicable		
#, etc.	Suite, Apt. #, etc.			-	Contitonto of Status Desired	п		Additional		
	27			3.	Certificate of Status Desired		Fee F	Required		
9	City & State			6.	Election Campaign Financing	г	\$5.00	May Be		
	28				Trust Fund Contribution		Added	to Fees		
Country	Zip	Coun	try	8.	This corporation owes the cur	rent year Inta				
25	29	30			Personal Property Tax.			□No		
9. Name and Address of Curren	t Registered Agent			10	Name and Address of New	Registered /	Agent			
		-	B1 Name	•						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			82 Street	Street Address (P.O. Boy Number is Not Acceptable)						
			51 Stillet Address (F.O. Dox Hamber to Not Neespasie)							
		Ī	83							
The state of the s			O.A. City				85 Zir	Code		
•		Į,	D4 City			FL	. 55 - 4	. 0025		
to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the ab	ove-name	corporation	on submits this statement for the	purpose of	changing i	ts registered		
orietorod agent or both in the State	of Florida. Such change was all	thonzed	by the cori	poration's b	oard of directors. I hereby acce	pt the appoil	ntment as	registered		
in familiar with, and accept the obligo	dong of, occitor our recor, rior.									
Signature, typed or printed name of registered ager	t and title if applicable. (NOTE: f	Registered A	gent signature			DATE				
		13.			ADDITIONS/CHANGES TO OF	FICERS AN				
Q D	☐ DELETE	1.1 TITL	E				Change	Addition		
MANDLES, MARTINN H		1.2 NA	AE							
9831 WEST PICO BLVD.		1.3 STR	EET ADORES	s						
LOS ANGELES CA 90035		1.4 CIT	/-ST-ZIP							
D	DELETE	2.1 TITL	£		<u> </u>		☐ Change	e 🔲 Addition		
STEELE. WILLIAM W		2.2 NAM	Æ							
		2.3 STF	EET ADDRESS	s						
_		2. 4 CIT	Y-ST-ZIP							
Ρ	☐ DELETE	3.1 ΤΙΤΙ	E	$T^{}$			☐ Change	e Addition		
SCIGLIANO, MAURO		3.2 NA	Æ							
	OOR	3.3 STE	REET ADDRES	s						
V	DELETE	_					Change	e Addition		
•				1						
500 HOWARD STREET ATH F	000			_						
	Country 25 9. Name and Address of Current CORPORATION SYSTEM SOUTH PINE ISLAND ROAD ITATION FL 33324 To the provisions of Sections 607.050 egistered agent, or both, in the State of familiar with, and accept the obligation of Signature, typed or printed name of registered agent OFFICERS AN Signature, typed or printed name of registered agent OFFICERS AN ANDLES, MARTINN H 9831 WEST PICO BLVD. LOS ANGELES CA 90035 D STEELE, WILLIAM W 160 PACIFIC AVE., SUITE 222 SAN FRANCISCO CA 94111 P SCIGLIANO, MAURO 500 HOWARD STREET, 4TH FI SAN FRANCISCO CA 94105 V BENTON, JESS E .III	180 PACIFIC AVE SUITE 222 O CA 94111 180 PACIFIC AVE SUITE 225 SAN FRANCISCO CA 94111 2ace of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2c. Country 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2c. Suite, Apt. #, etc. 2c. Country 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2c. Suite, Apt. #, etc. 2c. Suit	The sum of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abagistered agent, or both, in the State of Florida, Such change was authorized in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the abagistered agent, or both, in the State of Florida, Such change was authorized in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the abagistered agent, or both, in the State of Florida, Such change was authorized in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the abagistered agent, or both, in the State of Florida, Such change was authorized in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the abagistered agent, or both, in the State of Florida, Such change was authorized in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the abagistered agent and title if applicable. OFFICERS AND DIRECTORS 2 D MANDLES, MARTINN H 9831 WEST PICO BLVD. LOS ANGELES CA 90035 D STEELE, WILLIAM W 100 PACIFIC AVE., SUITE 222 SAN FRANCISCO CA 94111 P SCIGLIANO, MAURO 500 HOWARD STREET, 4TH FLOOR SAN FRANCISCO CA 94105 V DELETE 4.1 TITL 4.2 NA BENTON, JESS E .III	E. SUITE 222 O CA 94111 ace of Business 2a. Mailing Address 26 #, etc. 27 City & State 28 Country 25 9. Name and Address of Current Registered Agent CORPORATION SYSTEM SOUTH PINE ISLAND ROAD ITATION FL 33324 B3 84 City To the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name agistered agent, or both, in the State of Florida. Such change was authorized by the corn familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typud or printed name of registered agent and lite if applicable. OFFICERS AND DIRECTORS 13. 13. 14. CITY-ST-ZIP MANDLES, MARTINN H 9831 WEST PICO BLVD. LOS ANGELES CA 90035 D STEELE, WILLIAM W 160 PACIFIC AVE., SUITE 222 SAN FRANCISCO CA 94111 P SCIGLIANO, MAURO 500 HOWARD STREET, 4TH FLOOR SAN FRANCISCO CA 94105 V DELETE 4.1 TITLE 4.2 NAME 4.2 NAME	E. SUITE 222 O CA 94111 San FRANCISCO CA 94111 3. 3. 3. 3. 3. 3. 3. 4. 4. 5. 5. 6. Country Zip Zip Country B Xipread Agent Zireet Address (in Z	E. SUITE 222 O CA 94111 180 PACIFIC AVE SUITE 222 SAN FRANCISCO CA 94111 DO NOT WR 3. Date Incorporated or Qualified 166/23/1998 226 327 Suite, Apt. #. etc. 27 City & State 28 Country 28 Country 27 Country 27 Country 27 Country 27 Country 27 Country 30 Name and Address of Current Registered Agent 30 SUTH PINE ISLAND ROAD ITATION SYSTEM SOUTH PINE ISLAND ROAD ITATION FI. 33324 83 SUITE Address of Current Registered Agent 10. Name and Address of Process of New Personal Property Tax. 84 City Country 35 Street Address (P.O. Box Number is Not Accept and 607 1508, Florida Statutes, the above-named corporation submits this statement for the gistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept from the provisions of registered agent and like if applicable. OFFICERS AND DIRECTORS DELETE MANDLES, MARTINN H 9831 WEST PICO BLVD. LOS ANGELES CA 90035 DELETE TITILE 22 NAME 11 TITLE 12 NAME 160 PACIFIC AVE., SUITE 222 SAN FRANCISCO CA 94111 P DELETE 1 TITLE 22 NAME 13 STREET ADDRESS 24 CITY-ST-ZP DELETE 4 TITLE 22 NAME 5 SITH TITLE 4 CITY-ST-ZP DELETE 4 TITLE 5 SITH TITLE 5	E. SUITE 222 O CA 94111 160 PACIFIC AVE. SUITE 222 SAN FRANCISCO CA 94111 3. Date incorporated or Qualified 06/23/1998 4. FEI Number 84-0601/290 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Country Zip Country 8. This corporation owes the current year Integration of Property Tax. 9. Name and Address of Current Registered Agent CORPORATION SYSTEM SOUTH PINE ISLAND ROAD ITATION FL 33324 84 City FL 85 Island Road 86 City State 87 Name 88 This corporation owes the current year Integrity 88 Page 10. Name and Address of New Registered 89 Street Address (P.O. Box Number is Not Acceptable) 80 Itation FL 33324 86 City FL 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Itation FL 33324 80 Itation Fl 33324 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Integration of Sections 607 6502 and 607, 1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of Perioda Statutes and Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Integration of Sections 607 6502 and 607, 1508, Fiorida Statutes. 84 City FL 85 Integration of Sections 507 6502 and 607, 1508, Fiorida Statutes. 86 Integration of Sections 507 6502 and 607, 1508, Fiorida Statutes. 87 Integration of Sections 507 6502 and 607, 1508, Fiorida Statutes. 88 Integration of Sections 507 6502 and 607, 1508, Fiorida Statutes. 89 Integration of Sections 507 6502 and 607, 1508, Fiorida Statutes. 89 Integration of Sections 507 6502 and 607, 1508, Fiorida Statutes. 89 Integration of Sections 507 6502 and 607, 1508, Fiorida Statutes. 89 Integration of Sections 507 6502 and 607, 1508, Fiorida Statutes. 80 Integration of Sections 507 6502 and 607, 1508, Fiorida Statutes. 80 Integration of Sections 507 6502 and 607, 1508,	E. SUITE 222 O CA 94111 100 NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 06/23/1998 ace of Business 2a. Mailing Address 2b. Mailing Address 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2a. City & State 2b. City & State 2c. Country 2c. D. C		

SAN FRANCISCO CA 94105 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 changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP .

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE: X

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SAN FRANCISCO CA 94105

SAN FRANCISCO CA 94105

500 HOWARD STREET, 4TH FLOOR

500 HOWARD STREET, 4TH FLOOR

SIPES, SHERRILL F .III "

CUNNINGHAM, NEIL

☐ DELETE

□ DELETE

Change

☐ Addition

☐ Addition