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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H76270

Corporation Name

NORTH PALM BEACH FL 33408

AVID FLOOR MAINTENANCE, INC.

	_
Principal Place of Business	М
321 NORTHIAKE RIVD SHITE 216	32

Mailing Address

321 NORTHLAKE BLVD.. SUITE 216 NORTH PALM BEACH FL 33408

FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90030 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

09/16/1985

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9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SOLOMON, DAVID 321 NORTHLAKE BLVD., SUITE 216 NORTH PALM BEACH FL 33408-2410 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Co 71. Fursuant 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 re 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 registagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent agent and the if applicable.) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE PD OFFICERS AND DIRECTORS 12. WAWE SIREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 14. CITY-ST-ZIP MORTH PALM BEACH FL 14. CITY-ST-ZIP TITLE VSD ORTH PALM BEACH FL 14. CITY-ST-ZIP Change	de stered
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4. I hereby certify that the information supplied with this filling 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.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Phone #

22E034 (11/98)