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

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J56244

JOHN'S MAINTENANCE INC.

(3)

Mailing Address

FILED	
May 09 1997	8:00am
Secretary of	State



Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 9, Name and Address of DISTEFANO, JOHN 4250 EAST 4TH AVE. HIALEAH FL 33013 11. Pursuant to the provisions of Sections office or registered agent, or both, in the agent. I am familiar with, and accept the Signature, typod or profesoration of registered agent.	2a. Mailing Address			3. Date Incorporated or Qualified		
Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 9, Name and Address of DISTEFANO, JOHN 4250 EAST 4TH AVE. HIALEAH FL 33013 11. Pursuant to the provisions of Sections office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE SIGNATURE SIGNATURE SIGNATURE DISTEFANO, JOHN 12. OFFICE NAME NAME TIFLE DISTEFANO, JOHN 1401 N.W. 114TH AVE. PEMBROKE LAKES FL	}¬			02/10/1987	3a. Date of L 04/25/19	
Suite, Apt. #, etc. 22 City & State 23 Zip Country 25 9. Name and Address of DISTEFANO, JOHN 4250 EAST 4TH AVE. HIALEAH FL 33013 11. Pursuant to the provisions of Sections of S	26			4. FEt Number		Applied For
Suite, Apt. #, etc. 22 City & State 23 Zip Country 25 9. Name and Address of DISTEFANO, JOHN 4250 EAST 4TH AVE. HIALEAH FL 33013 11. Pursuant to the provisions of Sections of S				59-2767868		Not Applicable
Zip Country 24 25 9. Name and Address of DISTEFANO, JOHN 4250 EAST 4TH AVE. HIALEAH FL 33013 11. Pursuant to the provisions of Sections of General Provisions of Sections of Sections of General Provisions of Sections of Sections of General Provisions of G	27			5. Certificate of Status Desired	o \$8.75 Additional Fee Required	
9. Name and Address of DISTEFANO, JOHN 4250 EAST 4TH AVE. HIALEAH FL 33013 11. Pursuant to the provisions of Sections office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE Signature, typod or profess name of registered Agent. 12. OFFICE TITLE DISTEFANO, JOHN 1401 N.W. 114TH AVE. PEMBROKE LAKES FL	City & State	City & State				.00 May Be
9. Name and Address of DISTEFANO, JOHN 4250 EAST 4TH AVE. HIALEAH FL 33013 11. Pursuant to the provisions of Sections office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE Signature, typod or profess name of registered Agent. 12. OFFICE TITLE DISTEFANO, JOHN 1401 N.W. 114TH AVE. PEMBROKE LAKES FL	28			Trust Fund Contribution	Added to Fees	
9. Name and Address of DISTEFANO, JOHN 4250 EAST 4TH AVE. HIALEAH FL 33013 11. Pursuant to the provisions of Sections office or registered agont, or both, in the agent. I am familiar with, and accept the SIGNATURE Signature, typed or profind name of registered Address of Table 12. OFFICE OFFICE OFFICE NAME STREET ADDRESS ORLY-ST-ZIP ITTLE DOISTEFANO, JOHN 1401 N.W. 114TH AVE. PEMBROKE LAKES FL	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,		
DISTEFANO, JOHN 4250 EAST 4TH AVE. HIALEAH FL 33013 11. Pursuant to the provisions of Sections office or registered agont, or both, in the agent. I am familiar with, and accept the SIGNATURE Signature, typical or profind parise of registrate. 12. OFFICE NAME STREET ADDRESS CRY-ST-ZIP ITTLE DOISTEFANO, JOHN 1401 N.W. 114TH AVE. PEMBROKE LAKES FL	[29]	<u> 30 </u>		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
4250 EAST 4TH AVE. HIALEAH FL 33013 11. Pursuant to the provisions of Sections office or registered agont, or both, in the agent. I am familiar with, and accept the SIGNATURE SIGNATURE SIGNATURE Signature, typed or printed name of registric to the provisions of Sections of Sect	Current Hegistered Agent		Name	10. Name and Address of New Reg	istered Agent	
HIALEAN FL 33013 11. Pursuant to the provisions of Sections office or registered agont, or both, in the agent. I am familiar with, and accept the SIGNATURE Signature, typed or printed name of registrate. 12. OFFICE OFFICE NAME STREET ADDRESS ONLY-ST-ZIP PEMBROKE LAKES FL		[5,]	INDITIO			
11. Pursuant to the provisions of Sections office or registered agont, or both, in the agent. I am familiar with, and accept the SIGNATURE SIGNATURE Signature, typed or printed name of registrate. 12. OFFICE NAME STREET ADDRESS CRY-ST-ZIP ITILE 11TLE 11TLE D OFFICE PEMBROKE LAKES FL TITLE		82 5	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
SIGNATURE DOFFICE NAME STREET ADDRESS 1401 N.W. 114TH AVE. PEMBROKE LAKES FL TITLE		83		**************************************		
SIGNATURE DOFFICE NAME STREET ADDRESS 1401 N.W. 114TH AVE. PEMBROKE LAKES FL TITLE		63				
SIGNATURE DOFFICE NAME STREET ADDRESS 1401 N.W. 114TH AVE. PEMBROKE LAKES FL TITLE		84 (City		— 85	Zip Code
SIGNATURE DOFFICE NAME STREET ADDRESS 1401 N.W. 114TH AVE. PEMBROKE LAKES FL TITLE	007.04.00				F L	, <u>, </u>
12. OFFICE TITLE NAME STREET ADDRESS OTY-ST-ZIP TITLE SIGNATURE: SUPPLY OF FINITE OFFICE OFFICE DISTEFANO, JOHN 1401 N.W. 114TH AVE. PEMBROKE LAKES FL	607.0502 and 607.1508, Fighta State he State of Elprida Such change was no obligations of, Section 607.0505, F	authorized by the lorida Statutes.	ne corporati	ion's board of directors. I hereby accep	t the appointme	nt as registered
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE D DISTEFANO, JOHN 1401 N.W. 114TH AVE. PEMBROKE LAKES FL	istered agent and tills if applicable (NO	IE: Registered Agent a	signature require	ed when reinstating)	[)A1E	
NAME STREET ADDRESS CHY-ST-ZIP TITLE DISTEFANO, JOHN 1401 N.W. 114TH AVE. PEMBROKE LAKES FL	ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	CTORS IN 12
STREET ADDRESS OTTY-ST-ZIP TITLE 1401 N.W. 114TH AVE. PEMBROKE LAKES FL	DELETE	1.1 117LE			Chi	ange 🔲 Addition
CHY-ST-ZIP PEMBROKE LAKES FL		1.2 NAME				
TITLE		1,3 STREET AD	DRESS			
· ·		1.4 CITY - S1 - 2	2(P			
ALALIE	☐ DELETE	2.1 TITLE			Cha	ange [] Addition
NAME .		2.2 NAME				
STREET ADDRESS		2.3 STREET AD	DRESS			
CITY-ST-ZIP		2.4 CITY-ST-	ZIP			
TITLE	DELETE	3 1 TITLE			Chi	ange [] Addition
NAME		3.2 NAME	.			
STREET ADDRESS		, 33 STREET AD	idress			
CITY-ST-ZiP		3.4. CITY - S1 - 2	7(P			
TOTLE	☐ DELETE	4.1 TITLE			Chi	ange 🔲 Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET AD	DRESS			
CITY-ST-ZIP		4.4 CI1Y - ST - Z	71P			
TITLE	DELETE	5.1 TITLE	Į		L_ Chi	ange L_J Addition
NAME		5.2 NAME				
STREET ADDRESS		53 STREET AD	IDRESS		1	
CITY-ST-ZIP		5.4 CITY-ST-7	7/P			
TITLE	L] DELETE	6.1 THLE			[_] Cha	ange Addition
NAME		6.2 NAME]			
STREET ADDRESS		6.3 STREET AD	DORESS			
CITY-ST-ZIP		6.4 C(TY-ST-Z				
14. I do hereby certify that the information information indicated on this applied re-	supplied with this filing does not qual	lify for the exemp	ption stated	I in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal	. I further certify	that the