COF ANNU	PROFIT RPORATION JAL REPORT <b>1999</b>		Katherir Secretary	TMENT OF STATE The Harris y of State CORPORATIONS	FILED Jan 28, 1999 Secretary of	
	MENT # . IF	2556				*150.00
BACHM/	AN MAINTENANCI	e, inc.				
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incipal Plac	e of Business		Mailing Address		L LUBRING BURG DIERU HURDE BURGE BURGE BURGE	A NANAT NANATA KANALA MAMIN'NANATA INAN'
213 LACONIA ST. 1213 LACONIA ST. EBASTIAN FL 32958 SEBASTIAN FL 32958 S US						
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 03/13/1987	
Principal P	lace of Business		2a. Mailing Address		4. FEI Number	Applied For
			26		59-2781759	Not Applicable
Suite, Apt.	#, etc.	-	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	,	City & State		6. Election Campaign Financing	\$5.00 May Be
			28	0	Trust Fund Contribution	Added to Fees
Zip	Countr 25	· F	Zip 29	Country 30	<ol> <li>This corporation owes the current year I Personal Property Tax.</li> </ol>	ntangible
····	9. Name and Addre	ess of Current R	· · · · · · · · · · · · · · · · · · ·		10. Name and Address of New Registere	d Agent
BAC	HMAN, WAYNE H	م به محمد م من م		81 Name		· · · · · · · · · · · · · · · · · · ·
1213 LACONIA ST. SEBASTIAN FL 32958				82 Street Ad	dress (P.O. Box Number is Not Acceptable)	:
				83		
				84 City		85 Zip Code
	·				rporation submits this statement for the purpose of	—
office or r	registered agent, or both am familiar with, and acc	. in the State of F	Iorida. Such change was au	thorized by the corpora	tion's board of directors. I boroby account the ann	ointmont as registered
-			s of, section our.cooo, nion	ida Statutes.	nion's board of directors. Thereby accept the app	
GNATURE	Signature, typed or printed name	of registered agent and	d title if applicable. (NOTE:	ida Statutes. Registered Agent signature requi	ired when reinstating) DATE	
-	Signature, typed or printed name		d title if applicable. (NOTE:	ida Statutes.		
GNATURE	Signature, typed or printed nam C PTD BACHMAN, WAYN	of registered agent and	d title if applicable. (NOTE: DIRECTORS	Ida Statutes. Registered Agent signature requi	ired when reinstating) DATE	AND DIRECTORS IN 12
GNATURE E E EET ADDRESS	Signature, typed or printed nam C PTD BACHMAN, WAYNI 1213 LACONIA ST.	o of registered agent and DFFICERS AND D	d title if applicable. (NOTE: DIRECTORS	Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ired when reinstating) DATE	AND DIRECTORS IN 12
E E E E E E E E E E E T ADDRESS (-ST-ZIP	Signature, typed or printed nam C PTD BACHMAN, WAYNI 1213 LACONIA ST. SEBASTIAN FL 32	o of registered agent and DFFICERS AND D	d title if applicable. (NOTE: DIRECTORS	Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME	ired when reinstating) DATE	AND DIRECTORS IN 12
GNATURE E E EET ADDRESS (- ST-ZIP E	Signature, typed or printed nam C PTD BACHMAN, WAYNI 1213 LACONIA ST.	o of registered agent and OFFICERS AND D E H. 958	d title if applicable. (NOTE: DIRECTORS	Ada Statutes.  Registered Agent signature requi  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	ired when reinstating) DATE	AND DIRECTORS IN 12
E E E E E E E E E E E E E E E E	Signature, typed or printed nam C PTD BACHMAN, WAYNI 1213 LACONIA ST SEBASTIAN FL 329 SD BACHMAN, PATTI 1213 LACONIA ST	o of registered agent and DFFICERS AND D E H. 1958 A.	d title if applicable. (NOTE: DIRECTORS	Ida Statutes. Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ired when reinstating) DATE	AND DIRECTORS IN 12
GNATURE E E E E E E E E E E E T ADDRESS (- ST- ZIP	Signature, typed or printed nam CPTD BACHMAN, WAYNI 1213 LACONIA ST SEBASTIAN FL 325 SD BACHMAN, PATTI 1213 LACONIA ST SEBASTIAN FL 325	o of registered agent and DFFICERS AND D E H. 1958 A.	d title if applicable. (NOTE: DIRECTORS	Agent signature requi         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         2.4 CITY-ST-ZIP	ired when reinstating) DATE	AND DIRECTORS IN 12
GNATURE E E EET ADDRESS (- ST- ZIP E EET ADDRESS (- ST- ZIP E	Signature, typed or printed nam C PTD BACHMAN, WAYNI 1213 LACONIA ST SEBASTIAN FL 325 SD BACHMAN, PATTI 1213 LACONIA ST SEBASTIAN FL 325 VP	o of registered agent and DFFICERS AND D E H. 058 A. 058	d title if applicable. (NOTE: DIRECTORS	Agent signature requi         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS	ired when reinstating) DATE	AND DIRECTORS IN 12
GNATURE E E EET ADDRESS (- ST- ZIP E EET ADDRESS (- ST- ZIP E E E	Signature, typed or printed nam C PTD BACHMAN, WAYNI 1213 LACONIA ST. SEBASTIAN FL 323 SD BACHMAN, PATTI 1213 LACONIA ST. SEBASTIAN FL 324 VP NEUMANN, JEFFRI 1213 LACONIA STI	o of registered agent and OFFICERS AND D E H. 258 A. 258 EY T. REET	d title if applicable. (NOTE: DIRECTORS	Ida Statutes.         Registered Agent signature requi         13.         1.1 TITLE         12 NAME         13 STREET ADDRESS         14 CITY-ST-ZIP         2.1 TITLE         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE	ired when reinstating) DATE	AND DIRECTORS IN 12
E E E E E E E E E E E E E E E E E E E	Signature, typed or printed nam C PTD BACHMAN, WAYNI 1213 LACONIA ST. SEBASTIAN FL 323 SD BACHMAN, PATTI 1213 LACONIA ST. SEBASTIAN FL 324 VP NEUMANN, JEFFR	o of registered agent and OFFICERS AND D E H. 258 A. 258 EY T. REET	d tile if applicable. (NOTE: DIRECTORS DELETE	Registered Agent signature requi         13.         1.1 TITLE         12 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP	ired when reinstating) DATE	AND DIRECTORS IN 12
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SIGNATURE:	/alger HI Backmar Way Dt Baching
••• •••	SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AN 1-11-99 561.588-5833 Date Daytime Phone #