

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 10 AM 9:00

DOCUMENT # **J75869 (4)**
1. Corporation Name
SHOPPING CENTER MAINTENANCE OF FLORIDA, INC.

Principal Place of Business Mailing Address
PO BOX 1011 PORT RICHEY FL 34673 **PO BOX 1011 PORT RICHEY FL 34673**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/29/1987** 3a. Date of Last Report **01/27/1994**
4. FEI Number **59-2870160** Applied For Not Applicable
5. Certificate of Status Desired **\$0.75 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 § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**D'ASCENZIO, DOMENIC
13511 JENNITA DRIVE
HUDSON FL 34667**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required after registration.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ASCENZIO, DOMENIC	12 NAME	
STREET ADDRESS	13511 JENNITA DR	13 STREET ADDRESS	
CITY - ST - ZIP	HUDSON FL	14 CITY - ST - ZIP	
TITLE	VP	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ASCENZIO, DOMENICO N.	22 NAME	
STREET ADDRESS	9320 REGENCY PK BLVD	23 STREET ADDRESS	1498 Flotilla Drive
CITY - ST - ZIP	PORT RICHEY FL	24 CITY - ST - ZIP	Holiday FL 34640
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ASCENZIO, ANNA P.	32 NAME	
STREET ADDRESS	13511 JENNITA DRIVE	33 STREET ADDRESS	
CITY - ST - ZIP	HUDSON FL	34 CITY - ST - ZIP	
TITLE	DT	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ASCENZIO, KIMBERLY	42 NAME	
STREET ADDRESS	9320 REGENCY PK BLVD	43 STREET ADDRESS	1498 Flotilla Drive
CITY - ST - ZIP	PORT RICHEY FL	44 CITY - ST - ZIP	Holiday FL 34640
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(2), Florida Statutes. I do hereby certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and shall be in full faith and belief that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kimberly D Ascenzio* Kimberly D Ascenzio 1/10/95 (813) 845-0184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR