

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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



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

Mailing Address  
**PO BOX 1011  
PORT RICHEY FL 34673**

3. Date Incorporated or Qualified <b>05/29/1987</b>	3a. Date of Last Report <b>01/18/1995</b>
4. FEI Number <b>59-2870160</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>7823 Rubino Court</b>	2a. Mailing Address 26 Suite, Apt. #, etc.
22 Suite, Apt. #, etc.	27 City & State
23 <b>New Port Richey FL</b>	28 City & State
24 <b>34653</b>	25 <b>USA</b>
29 Zip	30 Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/23/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D'ASCENZIO, DOMENIC</b>	1.2 NAME	
STREET ADDRESS	<b>13511 JENNITA DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUDSON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D'ASCENZIO, DOMENICO N.</b>	2.2 NAME	
STREET ADDRESS	<b>1448 FLOTILLA DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLIDAY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D'ASCENZIO, ANNA P.</b>	3.2 NAME	
STREET ADDRESS	<b>13511 JENNITA DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUDSON FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DT</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D'ASCENZIO, KIMBERLY</b>	4.2 NAME	
STREET ADDRESS	<b>1448 FLOTILLA DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLIDAY FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Kimberly D'Ascenzio** **Kimberly D'Ascenzio** **4/23/96** **(813) 895-0184**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)