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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # K77137**

1. Corporation Name

P.T. MAINTENANCE, INC.

Principal Place of Business		Mailir	ng Address					i shaifii air ia ais imeat i		ALAIS DIN	li <b>e</b> chel bibl	1 401000	OIDIS 1881	
7204 GULF OF MEXICO BLVD		7204 GULF OF MEXICO BLVD												
MARATHON FL 33050		MARATHON FL 33050					1	DO NOT WRITE IN THIS SPACE						
US		US					-  -	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified						ļ
				<u> </u>				04/03/1989						
2. Principal P	lace of Business	2a. M	lailing Address				Ì	4. FEI Number			\ <del>-\-</del>	Applied		ļ
21		26						65-0106686					plicable	ł
Suite, Apt. #, etc.		Suite, Apt. #, etc.					-	5. Certificate of Status Desir	ed 🗆		\$8.75 Fee F	· Addi: Requir		ļ
City & Stat	9	$-\!-\!-$	ity & State					6. Election Campaign Finan	icing	٠,	\$5.0	0 May	y Be	
23		28				_		Trust Fund Contribution			Added	to Fe	ees	
Zip	Country		Zip 30					This corporation owes the Personal Property Tax.	e current ye		ngible ∐Yes		No	
24	9. Name and Address of Current		red Agent		$\tau^-$			10. Name and Address of I	New Regist	tered A	gent			
					81	Name								
	GENHORST, PAUL				82	Ctroot A	\ ddracc	(P.O. Box Number is Not Ad	contable)					┨
	GULF OF MEXICO BLVD		•		52	Succia	nuuress	(F.O. DOX 110111001 13 110171	ocepieolo,			_		
MAR	IATHON FL 33050				83									
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11. Pursuant.	to the provisions of Sections 607,0502 egistered agent, or both, in the State of	2 and 607.	.1508, Florida Stat	utes, the	above	e-named c	corpora	tion submits this statement it	or the purpo	ose or c	manging i	is reg	ISTEREC	
office or r	edistered agent, or both, in the State of	of Florida.	Such change was	autnonze	earby-	the corpor	ration s	s board or directors. I hereby	accept tile	аррони	IIICIII GO	Cgion	erea	=
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. tions of, Si	ection 607.0505, F	lorida Sta	ed by atutes.	the corpor	ration s	s board or directors. I hereby	accept nie	uppo	.,,,,,,,,	rogio.	erea	-
office of r agent. I a SIGNATURE	m familiar with, and accept the obligati	tions of, Si	ection 607.0505, F	ionda Sta	atutes.	<b>-</b>							erea	
agent. I a	m familiar with, and accept the obligati	t and title if ap	ection 607.0505, F	ionda Sta	ed Agen	<b>-</b>		nen reinstating)  ADDITIONS/CHANGES T	D#	ATE				6
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14. I hereby certify that the information supplied with this filing 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 aprilai 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 emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changen or on ab attachment with an address, with all other like empowered. KEQUIRED

ME OF SIGNING OFFICER OR DIRECTOR

6.4 C/TY-ST-Z/P

SIGNATURE:

CITY-ST-ZIP