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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L39161

(9)

**CONTAINER MAINTENANCE CORPORATION** 

Principal Place of Business Mailing Address									I FINIT DRING HADE	01051				
1729 HOLLY HOCK RD 6748 MELS WAY WELLINGTON FL 33414				PO BOX 210783 5748 MELS WAY ROYAL PALM BEACH FL 33421-0783							T			
US				US					<ol> <li>Date Incorporated of 12/28/1989</li> </ol>	or Qualified	<b>3a.</b> Date of Last Report <b>05/09/1996</b>			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			Apr	plied For	
21				26					65-0164699				Applicable	
Sulte, Apt. #, etc.				Suite, Apt. #, etg. 27 14264 Wellington Trac					<b>5.</b> Certificate of Status	Desired		.75 A	dditional quired	
City & State				City & State   10g ton 71.					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	ip Country			Zip			Country			s liability for in	lity for intangible tax under s. 199.032,			
24		25		29 334	14	30	USA		Florida Statutes	<del></del>	Yes 🗌 No			
9, Name and Address of Current Registered Agent  BIG 10000 D  81 Name									10. Name and Address	of New Reg	istered Agent			
PISZ	z, Joseph I	D.	HRIA A. P.	52										
<del>5748 MELS WAY</del> L <del>ake Worth FL 3346</del> 3							<b>62</b> Street		ss (P.O. Box Number is N	In Acceptabl		e P		
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, <b>v</b> ist se							84 City (	Nel	lington		FL 85	Zip C	ode //4	
11. Pursuant t	to the provision of the	ons of Sections 6	607.0502 an	of 607,1508, F	lorida Sta hange wa	atutes, the a as authorize	above-named ed by the corr	corpor poratio	ration submits this statem n's board of directors. I h	nent for the po nereby accep	urpose of chang the appointme	ging its ent as r	registered egistered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name office or registered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and little if applicable.  (NOTE Registered Agent signature)										۷	1-21-9	7_		
12.	Signature, typeo c		RS AND D		<i>J</i>	13.	CO Agent signature	requied	ADDITIONS/CHANGE	S TO OFFICE	ERS AND DIRE	CTORS	3 IN 12	
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14. To 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 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 trusted expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if chapter 607, and that my name appears in Block 12 or Block 13 if chapter 607.

**FILED** 

Apr 28 1997 8:00am

Secretary of State