## 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

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1. Corporation Name CITYWIDE BUILDING MAINTENANCE, INC.  Principal Place of Business 7103 WOODMONT WAY  7103 WOODMONT WAY													
TAMARAC FL 33321 TAMARAC FL 33321-2649													
								3. Date Incorporated or Qualified 11/24/1986		of Last Re /1996	aport .		
2. Principal P	lace of Busine	ISS	2a. Mailing Ad	2a. Mailing Address				4. FEI Number	00,0	<del></del>	plied For		
21	Suile, Apt. #, etc.			Suite Apt # etc.				59-2752560 Not Applic					
22 Sulle, Apt.	#, ØIC.		Suite, Apt	<del></del>				5. Certificate of Status Desired Fee Required					
City & State	e			City & State				6. Election Campaign Financing \$5.00 May Be					
23			28	<u> </u>				Trust Fund Contribution Added to Fees					
Ζ <sub>1</sub> ρ	Country 25		<del> </del>	Zip		y .		8. This corporation has liability for interfigible tax under s. 199.032, Florida Statutes Yes No					
24		्2थ। ent Registered Ager	29 30 segistered Agent				Florida Statutes Yes No  10. Name and Address of New Registered Agent						
GOF	ROON, MICH	AEL A.			8	1 Name	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
	3 WOODMOI						Addre	ss (P.O. Box Number is Not Acceptat	ole)				
TAM	IARAC FL 33	1321											
					8	<u> </u>							
					8	4 City			FL	85 Zip C	Code		
11. Pursuant office or ragent La								ration submits this statement for the pon's board of directors. I hereby accept		hanging its	registered registered		
12,	Signer Medio	OFFICERS At	gent and title if applicable	(NOTE	: Registered A	gent signatur	e required	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND D	IRECTOR:	S IN 12		
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NAME		MICHAEL A.			1.2 NAMI								
STREET ADDRESS	7103 WOO	DMONT WAY				ET ADDRESS	1				ļ		
CHY-SI-ZP Talle	VD	Γ <u></u>		DELETE	1.4 CITY 2.1 TITLE		<del> </del> -			Change	Addition		
NAME	GORDON,	HARRIET			2.2 NAM		}		_	•			
STREET ADDRESS	-	DMONT WAY			2.3 STRE	ET ADDRESS	}				}		
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TITLE				DELETE	6 1 TITLE		1		Ĺ	Change	Addition		
NAME CARCEL A DEBUGGE					6.2 NAMI		1				{		
STREET ADDRESS City - St - Zip					6.3 SIRE	ET ADDRESS	}				}		

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the opplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that he receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of an attachment with an address. 14. I do hereby cert ly that the information supplied information indicated on this annual report or sulfam an officer or director of the somoismon or appears in Block 12 or Block 13 by haused or contains the source of the so

**FILED** 

Apr 22 1997 8:00am

Secretary of State

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