2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 11, 2004 08:00 AM DOCUMENT # M53178 **Secretary of State** 1. Entity Name ACCURATE MAINTENANCE INC. Mailing Address Principal Place of Business 1570 N. POWERLINE RD 1570 N. POWERLINE RD POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 {11/03} Applied For City & State 4. FE! Number City & State 59-2811608 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARKS, ROBERT A. 7121 EAST CYPRESSHEAD DR. Street Address (P.O. Box Number is Not Acceptable) PARKLAND FL 33067 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typed or printed name of registered again and little δ applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. U000000085006 ☐ Change ☐ Addition VDS ☐ Delete 3575 F язтπ NAME SEFTON, ERWIN NAME 03/11/04-80030-015 150.00 STREET ADDRESS STREET ADDRESS 8479 N.W. 2ND ST CITY-ST-ZIP CORAL SPRINGS FL CITY ST-ZIP TIBLE Change Change Addition ☐ Delete TIME NAME MARKS, ROBERT MARKE STREET ADDRESS 7121 E CYPRESSHEAD DRIVE STREET ADDRESS CITY-ST-ZIP PARKLAND FL CXTY-ST-ZIP Change ☐ Addition ☐ Detete THLE TIRE MAUSE LALE STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-SE-ZIP ☐ Delete ☐ Change ☐ Addition TITLE THE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZBP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE:

FILED