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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005267

1. Corporation Name
MIAMI MAINTENANCE MANAGEMENT COUNCIL, INC.

Principal Place of Business
815 NW 57 AVE
203
MIAMI FL 33126
US

Mailing Address
P O BOX 660587
MIAMI SPRINGS FL 33266
US

2. Principal Place of Business
21 5040 N.W. 7 TH STREET
Suite, Apt. #, etc.
22 SUITE 900
City & State
23 MIAMI, FL. 33126
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
11/22/1993

4. FEI Number
65-0572147
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROCKMAN, LOUIS M
8500 SW 92 ST
SUITE 106
MIAMI FL 33156

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, GENE 9524 RICHMOND CIR. BOCA RATON FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOLLAND, SUSIE D 815 NW 57TH AVE,SUITE 203 MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T SUSIE D. HOLLAND (ADDRESS CHANGE ONLY) 5040 N.W. 7 TH STREET MIAMI, FL. 33126	X☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STREHSE, RICHARD 5180 NW 74TH AVE. MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIDOW, HOWARD B. 8910 SW 108TH ST. MIAMI FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D LAUREN NELSON 5040 NW 7TH STREET MIAMI, FL. 33126	X☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NELSON, LAUREN 815 NW 57TH AVE., SUITE 203 MIAMI FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	P THEODORE H. GREAGOR 1495 SE 10 TH AVENUE HIALEAH, FLORIDA 33010	X☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ZAPPIA, JOHN 4600 NW 36TH STREET BLDG 22 MIAMI FL 33126	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSIE D. HOLLAND Susie D. Holland Treasurer 4-28-99 (305) 889-6245 (305) 247-0158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED