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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9200007207

1. Corporation Name

JCL MAINTENANCE SERVICES, INC.						
			,		<u> </u>	
Principal Place of Business	Mailing Address	•				
2216 S.W. 58 AVE: P.O. BOX 82-0621 HOLLYWOOD FL 33023 SOUTH FLORIDA FL 33082-0621 US				DO NOT WRITE IN TH	HIS SPACE	
			_	3, Date Incorporated or Qualifed 11/24/1992	,	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21 26				65-0372177	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		<u> </u>		5. Certificate of Status Desired	\$8.75 Additional	
22 27				3; 30/mate 3, 4mm	Fee Required	
City & State         City & State           23         28				6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees	
		Countr		8. This corporation owes the current year	Intangible	
	30			Personal Property Tax.	☐ Yes ☐ No	
24 25 29 30 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Register	ed Agent	
g, Name and Address of Current Registered Agent			Name		•	
WRIGHT, WALTER 501 NW 197 AVE			Street Addr	et Address (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES FL 33029			<b>'</b>		原。網,於一部移向日間關	
			City		EL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and office or registered agent, or both, in the State of Fic agent. I am familiar with, and accept the obligations	607.1508, Florida Statutes, orida. Such change was auth of, Section 607.0505, Florid	, the about norized by a Statute	ve-named corp very the corporations.	poration submits this statement for the purposion's board of directors. I hereby accept the ar	of changing its registered pointment as registered	
CICNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			ent signature require	ADDITIONS/CHANGES TO OFFICERS		
12. OFFICERS AND DI	DELETE	13.	<del></del>		☐ Change ☐ Addition	
TITLE D	□ DEFEIE			fy customer		
NAME WRIGHT, WALTER		1.2 NAME	ţ		<i>.</i>	
STREET ADDRESS JOT 1444 137 MAC		1.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP PEMBROKE PINES FL 33029	<u> </u>	1.4 CITY-			Change Addition	
TITLE	☐ DELETE	2.1 TITLE	ľ		Columba Diversion	
NAME		2.2 NAME		· :		
STREET ADDRESS		2.3 STRE	ET ADDRESS			
			ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME		3.2 NAME			·	
STREET ADDRESS		3.3 STRE	ET ADDRESS		数位数据数据 图15 · 数	
<ul><li>(場所) (場合) (1997) (1997)</li></ul>		3,4. CITY	ST-ZIP		新型性 有点是是电影	
CITY-ST-ZIP	☐ DELETE	4.1 TITLE		1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	₹ : ☐ Change : ☐ Addition	
	_	4. 2 NAM	E			
NAME	1 1 1	1	ET ADDRESS			

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 607. 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. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

37

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

01-26-1999 90032 048 \*\*\*158.75

Change

Change

Addition

Addition