## 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 # P9300064639

1. Corporation Name

INVICTA MAINTENANCE, INC.

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90132 049 \*\*\*150.00



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Principal Place of Business Mailing Address							11031100111	in inina liilii dhiit at		JIIII 84918 41488	) 1471-5 1811 1961
1555 NE 129TH ST 1555 NE 129TH S											
N MIAMI FL 33161			N MIAMI FL 33161				DO NOT WRITE IN THIS SPACE				
							3. Date Incorpora				
							09/13/1993				
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		·	Ap	plied For
21			26				65-044429	3		No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75	Additional
22			27				5. Certifcate of S	tatus Desired		Fee Re	quired
City & State			City & State				6. Election Camp	aign Financing		\$5.00	May Be
23			28				Trust Fund Co	ntribution		Added t	o Fees
Zip	Cour	try	Zip Cou				8. This corporation		ent year inta		
24	25	29	<del></del>	30			Personal Prop		Dominion of		□No
	9. Name and Add	ress of Current Reg	istered Agent		81	Name	10. Name and Ad	Idress of New I	registered /	<u> </u>	
BUCKLIN, MARK											
1555 NE 129TH ST						Street Add	Address (P.O. Box Number is Not Acceptable)				
N MIAMI FL 33161											<del></del>
	,		•		83						
					84	City			FL	85 Zip (	Code
dd Diseasant	to the equipions of Co	ations 607 0502 and	607.1508, Florida Stati	ites the	above 2	named cor	noration submits this s	tatement for the	nurnose of	changing its	registered
office or r	egistered agent, or bo	th, in the State of Flor	rida. Such change was	authorize	ed by	the corporat	ion's board of directors	s. I hereby acce	of the appoir	itment as re-	gistered
agent. I a	m familiar with, and a	cept the obligations of	of, Section 607.0505, F	iorida Sta	nuies.						İ
SIGNATURE	Signature, typed or printed na	me of registered agent and titl	e if applicable. (NO	TE: Registere	ed Agen	t signature requir	red when reinstating)	<del></del>	DATE		<del></del> {
12. OFFICERS AND D						<u> </u>	ADDITIONS/CH	IANGES TO OF	FICERS AN	D DIRECTO	R\$ IN 12
TITLE	DPST		☐ DELETE	1.1	TILE					☐ Change	☐ Addition
NAME	BUCKLIN, MARK			1.21	NAME	ĺ		•			
STREET ADDRESS	1555 NE 129TH S	T		. 1.33	STREET	ADDRESS	·				}
CITY-ST-ZIP	NORTH MIAMI FL	33161		1.4 (	CITY-ST	r-ZIP					
TITLE			☐ DELETE	2.1	IIILE	1				Change	☐ Addition
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STREET ADDRESS	•			2.3	STREET	ADDRESS			_		
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NAME				3.21	NAME	1					
STREET ADDRESS						ADDRESS					ĺ
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NAME			•		NAME						1
STREET ADDRESS						ADDRESS		-			Ì
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NAME						ADDRESS					
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NAME						ADDRESS	-				Ì
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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.

SIGNATURE:

REQUIRED