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

DOCUMENT # P93000072416 (9)

CARETAKERS MAINTENANCE CONTRACTING SERVICES INC.

Principal Plac 4601 N.W. 101 FT. LAUDERDA	'H AVE.		Mailing Address 4601 N.W. 10TH AVE. FT. LAUDERDALE FL 33309-3811						
						3. Date Incorporated or Qualified 10/19/1993	3a. Da	te of Las 19/1990	l Report
	lace of Business	2a. Mailing Address				4. FEI Number Applied For			
21	0.00	26						Not Applicabl	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May 8e Added to Fees			
Z(p 24	Country 25	Zip 29	30	Country	у	8. This corporation has liability for i	ntangible Yes [r s. 199.032,
	9. Name and Address of Currer	t Registered Agent				10. Name and Address of New Re	gistered A	gent	
	IVAN, JOSE			81	Name				
460			82	Street Add	eet Address (P.O. Box Number is Not Acceptable)				
SUITE 604 FT. LAUDERDALE FL 33309				83					
ri.	DAUDENDALE I'L 99999			L					
:				84	City		F۱	85 Z	ip Code
SIGNATURE	Signature, typod or printed name of registered age			tered Ag	gent signature requ	ited when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND	DIRECTI	OBS IN 12
TITLE	PD	DELET		1 TITLE		ADDITIONS/OFFIANGED TO OFFIC	EIIO AIND	Chang	
NAME	SERVAN, JOSE		1	2 NAME)				
STREET ADDRESS	4601 NW 10 AVE		1	3 STREE	T ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33309			4 CITY-	ST-ZIP				
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NAME			_	2 NAME					
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CITY-ST-ZIP			1	3 STALL 4 CHTY-1	· 1				
TITLE		DELET		.4 CHT-1	01.411			Chano	ie Addilio

14. I do 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 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 collocation 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 Pidck 13 if chanton or an attachment with an address.

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

JOSE M. SCOUND

4/11/97

9215651148

FILED

Apr 21 1997 8:00am

Secretary of State