SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MIHIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION . **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000037843 (7)

THE MAINTENANCE DEPARTMENT, INC.

Principal Place of Business Mailing Address

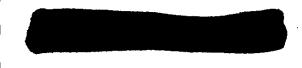
PO BOX 1578 CASSELBERRY FL 32718-1578

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APPROVED AND

1997 JUN 10 AM 11: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA



						Dale of Last Report 07/20/1995
A Delegator	Plane of Business	I on the War A day	 			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59 – 3330088 NOT APPLICABLE	Applied For	
Suita Apl	# ala	26			NOT AFFLICABLE	Not Applicable
Suite, Apt. #, etc. 27		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 28					6. the space of a program of the control of the con	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Count 30	ry	8. This corporation has liability for intangi Florida Statutes Yes	ble tax under s. 199.032,
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
Đ/			8	1 Name		
BARRETT, RICHARD L				1		
940 HIGHLAND AVE			8	2 Street Addi	ress (P.O. Box Number is Not Acceptable)	1
ORLANDO FL 32803				3		
			<u> </u>	<u> </u>		
			8	1 - 7		85 Zip Code
office or	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obliga	ol Florida. Such change was i	authorized b	y the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered opointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	N and like if applicable (NO	TE Registered A	pent signature requi	rud when leinstaing) DAI	
12.	OFFICERS AND		13.		30 44 T - 4 T	Change Addition
TITLE	PSTC	DELETE	1.1 TUTLE			Change Addition
NAME	RINGI, PETER	_	1.2 NAM	:		
STREET ADDRESS	I so sou AllA		1.3 STAE	ET ADDRESS	60000220	71769
CITY-ST-ZIP	CASSELBERRY FL		1.4 CITY		60000220 -06/10/97	⊶ກນັກກ່ຽ⊸ກຂາ ``
TITLE	W	XX DELETE	2,1 11116		****550.0	1 ************************************
NAME	Lindalee Ringi		2.2 NAMI	1		
STREET ADDRESS	P.O. Box 1578 N/A	,	1	ET ADDRESS		
CITY-ST-2IP	On any 1 housest DI			-ST-ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAM		60000220 18/0/97	W. (82-3
STREET ADDRESS		<u>-</u>		ET ADDRESS	-\0\1\\3\c	-010020 <i>22</i>
CITY-ST-ZIP			3.4, CITY	i	******8.7	J ,
TITLE	 	DELETE	4.1 TITLE			Change Addition
NAME	1	٠٠	4, 2 NAM	ì		
STREET ADDRESS				ET ADDRESS		'
CITY-ST-ZIP				Ļ	_	ļ
TITLE	 	DELETE	4.4 CITY 5.1 TITLE			Change Addition
NAME		٠١	5.2 NAMI	1		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	·	DELETE	5.4 C/TY 6.1 31TLE			Change A Addition
NAME	1	[_] better	4	4		
STREET ADDRESS			62 NAM			1001/10
				ET ADDRESS		in Na i
CITY-ST-ZIP	by carlify that the information supplied	with this fitne is not received	6.4 CITY		lify for the exemption stated in Section 119.07(3Vist Elevado Statudos 4
further c	ertify that the information indicated on :	this annual report or supplem	ental annua!	report is true a	illy for the exemption stated in Section 119.07(and accurate and that my signature shall have d to execute this report as required by Chaple	the same legal effect as If