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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED 98 APR 21 AM 10: 44

| THE MAINTENANCE DEPARTMENT, INC. Principal Place of Business Mailing Address | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
|--|---------------------------|-------------------|----------------------------------|--|---------------------------|---|--|
| | | | ŭ | | | | |
| P.O. BOX 1578 CASSELBERRY FL 32718-1578 | | | | P.O. BOX 1578 CASSELBERRY FL 32718-1578 | | | |
| | | | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | | 3. Date Incorporated or Qualified 05/16/1994 |
| 2. Principal P | lace of Busi | ness | 2a. Mailing Add | 2a. Mailing Address | | | 4. FEI Number Applied For |
| 21 | | | 26 | | | | 59-3330088 Not Applicable |
| Suite, Apt. #, etc. | | | h | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired \$8.75 Additional |
| 22 City & State | | | City & State | City & State | | | Fee Required |
| 23 | | | 28 | <u></u> ' | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution |
| Z ip | | | Zφ | Coun | | | 8. This corporation owes or has paid the current year Intangible |
| 24 | | 25 | 29 | 30 | 10 | | Personal Property Tax due June 30. Yes No |
| | | | rrent Registered Agent | · | 81 | Name | 10. Name and Address of New Registered Agent |
| | rrett, ric | | | | 0' | Marne L | , |
| 940 HIGHLAND AVE Orlando Fl 32803 | | | | | 82 | Street A | t Address (P.O. Box Number is Not Acceptable) |
| UNLAMBO PL 32003 | | | | | 83 | | |
| | | | | | 84 | City | ■■ 85 Zip Code |
| | | | | | ' | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | |
| SIGNATURE | | rene i u market i | d agent and little if applicable | | | | re required when reinstating) DATE |
| 12. | Signature, typis: | | AND DIRLCTORS | (MCHE. R | 13. | rit glåta:ole: i | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PSTC | | X | D£LET £ | 1.1 TITLE | · · · · · · · · · · · · · · · · · · · | PSTC Addition |
| NAME | = : | | | | 1.2 NAME | | Ringi, Peter |
| STREET ADDRESS | | | | | 1.3 STREET ADDRESS P | | 1 |
| CITY-ST-ZIP | CASSELBERRY FL 32718-0852 | | | 6.F.1. 6.F.6 | 1.4 CITY-ST-ZIP 2.1 TITLE | | Casselbarry, F1 32718-0852 |
| TITLE | 1 | | | DELETE 2.1 | | | Change Addition |
| NAME OTROCT ADDRESS | | | | | | ADDRESS | |
| STREET ADDRESS | | | | 2.4 CM | | | |
| CITY-ST-ZIP TITLE | | | DELETE | | SI - ZIP | Change Addition | |
| NAME | | | | 3 | | | 2000024000524 |
| STREET ADDRESS | | | 3. | | ADDRESS | 3000024988534 | |
| CITY-ST-ZIP | | | | | 3.4. CITY - S | ST - ZIP | ****150.00 ****150.00 |
| TITLE | | | | DELETE | 4.1 THLE | | Change Addition |
| NAME | | | | | 4. 2 NAME | | |
| STREET ADDRESS | l | | | | 4.3 STREET | ADDRESS | |
| CITY-ST-ZIP | | | | DELETE | 4.4 CITY - S | T-ZIP | |
| TITLE | | | <u> </u> | DELETE | 5.1 TITLE | ĺ | Change Addition |
| NAME OTDEET ADDRESS | | | | | 5.2 NAME | ADDRESS | |
| STREET ADDRESS | ı | | | | 5.3 STREET | ì | |
| CITY-ST-ZIP TITLE | | | | DEL ETE | 5.4 CITY-S 6.1 TITLE | 1 - ZIP | Change MAddition |
| NAME | | | | | 6.2 NAME | | ia na |
| STREET ADDRESS | | | | | 6.3 STREET | ADDRESS | √\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| CITY-ST-ZIP | | | | | 6.4 CITY-S | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |

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 13 if changed, or on an altachment with an address.

4/9/90