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Apr 21, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000048612

1. Corporation Name
J.R. MAINTENANCE CO., INC.



Principal Place of Business: 8695 S.W. 57 PLACE COOPER CITY FL 33328
 Mailing Address: 8695 S.W. 57 PLACE COOPER CITY FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/29/1994**

4. FEI Number: **65-0543345** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 **10097 Cleary Blvd** Suite, Apt. #, etc.: **286** City & State: **Plantation, FL** Zip: **33324** Country: **U.S.A.**

2a. Mailing Address: 26 **10097 Cleary Blvd** Suite, Apt. #, etc.: **286** City & State: **Plantation, FL** Zip: **33324** Country: **U.S.A.**

9. Name and Address of Current Registered Agent
JOSEPH POLIT
8695 S.W. 57 ROAD
COOPER CITY FL 33328

10. Name and Address of New Registered Agent
 81 Name: **JOSEPH POLIT**
 82 Street Address (P.O. Box Number is Not Acceptable): **10097 Cleary Blvd**
 83 **Suite 286**
 84 City: **Plantation** State: **FL** 85 Zip Code: **33324**

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Joseph Polit* (president) DATE: **3/30/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POLIT, JOSEPH	
STREET ADDRESS	8695 S.W. 57 PLACE	
CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOSEPH POLIT	
1.3 STREET ADDRESS	10097 Cleary Blvd (Suite 286)	
1.4 CITY-ST-ZIP	Plantation, FL 33324	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Joseph Polit* (president) DATE: **3/30/99** Daytime Phone #: **954-434-5336**

CR2E034 (11/98)