## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

POACCOCACCA **/**5\

1. Corporation	MENT # <b>P940(</b> MAINTENANCE, INC.	)0049	601 (	5)							
Principal Place	of Business	Mailing	Address	······································			-			III <b>ehend haad d</b> al	
	I RD SUITE 114 ALE FL 33312	2300 GRIFFIN RD SUITE 114 FT LAUDERDALE FL 33312									
							3.	Date Incorporated or Qualified 07/05/1994	3a.	Date of Last R 02/01/19	•
2. Principal Pla	ace of Business	2a. Mailing Address				4.	FEI Number	L	<del></del>	Applied For	
21]		26						65-0501969			Not Applicable
Suite, Apt. #	≠, etc.	27 Suiti	e, Apt. #, etc.				5.	Certificate of Status Desired			5 Additional Required
City & State	· · · · <del></del>		& State			<del> </del>	6.	Election Campaign Financing			May Be
23]		28		<del></del>				Trust Fund Contribution			d to Fees
Zip 24	Country 25	Zip 29		30 Co	untry		6.	This corporation has liability to Florida Statutes	rintangit es □N		199.032,
24]	9. Name and Address of Curre		l Agent	30]	Τ-		10.	Name and Address of New			
					81	Name			<del>×</del> .	•	
	TE, ROGER				82	Street Add	dress (P	O. Box Number is Not Accept	abie)		
	RIFFIN RD SUITE 114				83						···········
FI LAUL	DERDALE FL 33312				83						
					84	City			1	65 Zi	ip Code
or registere familiar wit	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Se Styruture typed or profiled name of existence age	orida. Such char ction 607.0505	nge was author , Florida Statute	rized by the es.	corps	oration's boo	ard of d	lirectors. I hereby accept the ap	pointmer	nt as registered	Jagent, I am
12.		ND DIRECTOR		13.				ADDITIONS/CHANGES TO OF	FICERS		
TIFLE	D LAUGEDTE DOOED		DELETE		TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	Laliberte, Roger 2300 Griffin RD Suite 1	14			NAME STREET	ADDRESS					
CITY - ST- ZIP	FT LAUDERDALE FL 33312				CITY-S						
TIFLE	D		☐ DELETE		TITLE	- <del></del>				☐ Change	Addition
NAME	CHABOT, MARIE-JOSEE			221	NAME						
STREET ADDRESS	2300 GRIFFIN RD SUITE 1			1		ADORESS					
City - ST - ZIP THUE	FT LAUDERDALE FL 33312		DELETE		CITY-S TITLE	1 - ZIP		<del> </del>		Change	Addition
NAME			[] beech		NAME					Change	∐ Nadition
STREET ADDRESS				1		ADDRESS					
CITY-ST-ZIP				3.4	CITY - S	T - ZIP					
TITLE			DEFELE	4. 1	TITLE					Change	☐ Addition
NAME					NAME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELETE		CITY - S TITLE	T-ZIP		<u> </u>		Change	Addition
NAME					NAME						2.000001
STREET ADDRESS						ADDRESS					
CHY-SI-ZIP				5.4	C(TY-S	T - ZIP					
TILLE			DELETE	6 1	TITLE		,			☐ Change	☐ Addition
NAME				1	NAME	1					
STHEET ADDRESS				1		ADDRESS					
011 y - \$1 - 716 <b>14.</b> Il do hereb	Ly certify that the information supplied	d with this filing	is voluntarily fu		CITY-S d doe:		for the	exemption stated in Section 11	9.07(3)/k	. Florida Statu	ites. I further
certify that eath, that	the information indicated on this an I am an officer or director of the corp Block 12 or Block 13 if changed, o	inual report or s poration or the	supplemental ar receiver or trus	nnual report tee empow	is tra	e and accur	rate and	d that my signature shall have the ort as required by Chapter 607,	ne same l Florida S	lenal effect as i	if made under nat my name

SIGNATURE:

CR2E034 (12/95)