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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P95000006250 (1)

SOUTHEAST BUILDING MAINTENANCE, INC.

	COUNTRICATION	i bolcoma militic		., mo.				
Principal Place of Business				Mailing Address				8 MA 90111 40114 01110 MAQU 01111 0111 1001
8615 SUNNY HOLLOW LANE ORLANDO FL 32819				8615 SUNNY HOLLOW LANE ORLANDO FL 32819				
							3. Date Incorporated or Qualified 01/20/1995	3a. Date of Last Report
2. Principal Place of Business 21			2a 26	2a. Mailing Address			4. FEI Number 59 - 337383	Applied For Not Applicable
Suite, Apt #, etc			27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State			City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip	Country 25	29	Zφ	Coun	try	This corporation has liability for Florida Statutes	
24					1301			2
9. Name and Address of Current Registered Agent ALEMAN, LISA C 8615 SUNNY HOLLOW LANE						81 Name 82 Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32819					Ē	13		
					8	14 City		FL 85 Zip Code
1,	office or registere	rovisions of Sections 607.05 ed agent or both, in the Stat iar with, and accept the obli	e of Florid	da. Such change was	authorized t	y the corporat	poration submits this statement for the pi ion's board of directors. I hereby accept	rpose of changing its registered
SI	GNATURE							
ļ.,		typed or printed name of registered a				lgent signature requ	red when rensaling:	DATE
Til		OFFICERS A	UN DIRE	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change Addition
	-	FIMAL 1104 O		E Decem	4			Change C Addition
NAME ALEMAN, LISA C STREET ADDRESS 8615 SUNNY HOLLOW LAN		AIC.	1.2 NAME					
			NE	1.3 STREET ADDRESS				
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1	REET ADDRESS					EET ADDRESS		
ì	TV-ST-7IP				1	ST 74P		

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Displace Fig. 12.