## 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

P95000025454 (6)

## BUILDING MAINTENANCE ENTERPRISES, INC.

BUILDING MAINTENANCE ENTERPHISES, INC.						
Principal Place of		Mailing Address	E00			
7270 NW 12TH ST. 580 7270 NW 12TH ST. 580 MIAMI FL 33126 MIAMI FL 33126			380			
MINNI PC 331	20			3. Date incorporated or Qualified 03/30/1995	3a. Date of Last Report	
2. Principal Piac	e of Business	2a. Maning Address		A SELNIOUSE	Applied For	
21 26		26		59-3333421	Not Applicable  \$8.75 Additional	
Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #, etc.		<ol><li>Certificate of Status Desired</li></ol>	Fee Required	
27				6. Election Campaign Financing	\$5.00 May Be	
City & State		Orty & State		Trust Fund Contribution	Added to Fees	
<b>23</b>	Country	7 <sub>I</sub> p	Country	8. This corporation has liability for i		
- 🔏 🖟	25	29	30		No Accept	
<i></i>	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New R	egisterad Agent	
			11			
ABRAMSON, EDWARD J			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
	W 12TH ST, 580		83			
MIAMI F	FL 33126				85 Zip Code	
I			84 City	orporation submits this statement for the public board of directors. Thereby accept the app		
SIGNATURE	ogranies types or persentium of registers falle OFFICERS A	NO DIRECTORS	nicht Roginsiad Aucht signatur-	ADDITIONS/CHANGES TO OFF	TATE ICERS AND DIRECTORS IN 12 Change Addition	
TITLE	PVST	☐ DELETE	t 1 THLE		Crange D Addition	
NAME	PARKER, MICHAEL		1.2 NAME		\{	
STREET ADDRESS	7270 NW 12TH ST, 580		1.3 STREET ADDRESS			
CITY - S1 - ZIP	MIAMI FL 33126	☐ DELFTE	1.4 CH t - ST - Z-P 2.1 TiTLE		Change Addition	
TITLE	D ANYED MICHAEL	[] peri :	2.2 NAME			
NAME OXOGEN ANGERSA	PARKER, MICHAEL 7270 NW 12TH ST, 580		23 STREET ADDRESS			
STREET ADDRESS	MIAMI FL 33126		2.4 CITY - \$1 - ZIP			
CITY - ST - ZIP TITLE	MINAMI I F DO 1FO	☐ DELETE	3 1 TrT.F		Change Addition	
NAMÉ			3.2 NAME			
STREE! ADDRESS			3.3 STREET ADDRESS	\$		
CITY - SF - 7IP		E Dans	3 4 CH Y - ST - ZIP		Change Addition	
TITLE		DELFIE	4 UTILLE 42 NAME			
NAME			4.2 NAVIL 4.3 STHEET ADDREST			
STREET ADDRESS			4 4 CITY - ST - ZIP			
C(TY - ST - ZIP		OFLETE	5 1 FHE		Change C Addition	
TITLE NAME			5.2 NAME		-	
STREET ADDRESS			5.3 STREET ADDRES	s		
CITY-ST-ZIP			5 4 CHY-\$1 - ZIP		Change Addition	
TITLE		DELETE	6 1 TeTLE		C Onango C , Adamo i	
1.412*			6.2 NAME			

CITY-ST-ZP

14. If do hereby cert fy that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(6). Florida Statutes. I further certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an office or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapiter 607. Florida Statutes; and that my name appears in Block 13 if Changed, or on an attachment with an address.

SIGNATURE:

Mala Michael Haller signature and Typed on Printed Name of Signing Officer on Director

4. 28.96 pm

407 247-6981