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

DOCUMENT # P95000089332 (7)

FOUR AMBASSADORS MAINTENANCE, INC.

FILED Feb 13 1998 8:00am Secretary of State



| Principal Place | of Business | Mailing A | Address | | 1 10 mind 1/0 feld) 6/(1) and call feld feld feld into inter lives wife his 164) |
|---|---|------------------------------------|---|--|--|
| 8225 BRICKEL | L BAY DR | 825 BRI | ICKELL BAY DR | | |
| BOX 250 | | BOX 25 | | | DO NOT MIDITE IN THIS SPACE |
| MIAMI FL 3313 | 31 | | FL 33131 | | DO NOT WRITE IN THIS SPACE |
| US | | US | | | 3. Date Incorporated or Qualified |
| | | | | | 11/21/1995 |
| | ace of Business | } ₁ | ng Address | | 4. FEI Number Applied For |
| 21 | | 26 | Suite, Apt. #, etc. | | 65-0634820 Not Applicable |
| Suite, Apt. | r, etc | ļ | | | 5. Certificate of Status Desired S8.75 Additional Fee Regulred |
| 22 City & State | | [27] | Crty & State | | |
| City & State | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| 23 | Country | 28 Z ₍₂) | | Country | |
| | ├ ── ┐ ′ | | - | - | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| 24 | 25 25 Name and Address of Curren | 29 | | 90 | 10. Name and Address of New Registered Agent |
| DCV | | | | 81 Name | |
| DETINON, ANTHONY IN | | | | | |
| BOX 250 MIAMI FL 33131 Changed.) | | | | | Address (P.O. Box Number is Alot Acceptable) |
| | (250 | rect N | me. | 83 0 | STAN DRICKELL WAY DEPOS |
| MIA | MI FL 33131 | ſ | · • • | ** | 0 t 250 |
| | | Chan | رالمعوي | 84 City | 85 Zip Code |
| | | | V | | Miami, FL 33/3/ |
| 11. Pursuant to | o the provisions of Sections 607 050 paistered agent, or both, in the State | 02 and 607.150 e of Florida. Su | 08, Florida Statutes ich channe was au | s, the above-named ithorized by the con | 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 | | | | | |
| | Signature, typical or product name of requirered ap- | | / | | e required when reinstating) DATE |
| 12. | OFFICERS AN | D DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D ALEXANDER AND A STATE OF THE | | DEFELE | 1.1 TIFLE | Change Addition |
| HAME BEYNON, ANTHONY R | | | | 1.2 NAME | |
| STREET ADDRESS | 825 S. BAYSHORE DRIVE BO | JX 250 | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33131 | | | 1.4 CITY - ST - ZIP | |
| TITLE | | | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | | 2.2 NAME | |
| STREET ADDRESS | | | | 2 3 STREET ADDRESS | |
| CITY-ST-ZIP | | | | 2 4 CITY-ST-ZIP | |
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| NAME | | | | 3.2 NAME | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | |
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| NAME | | | | 62 NAME | |
| I | | | | | 1 |
| STREET ADDRESS | | | | 6 3 STREET ADDRESS | |
| CITY-ST-ZIP | | | | 6 4 CITY - ST - ZIP | 1 Control (10 07/0V) Floring Change I for the control of the contr |

14. Thereby 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.

48/92