## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P9600002523 (4)

MEGA MAINTENANCE, INC.

Principal Place of Business

Mailing Address

## FILED Feb 24 1997 8:00am Secretary of State

- 1 ( <b>8.4</b> ) ( <b>8.1</b> ) (38 (8.9)	. 1849 MANU MOTHER DIG MIST	
- 1 10 01 10 11 11 11 15 15 11 1	0   6   0 <b>0  </b> 6   6   6   7   7   7   7   7   7   7	N 1 6 10 10 10 10 10 10 10 10 10 10 10 10 10
- ( (80/(80/ 6/0 46//	i Missi Maacs Mines aacis aalis	BOTTO LANGE WILLS TO BE LAST LOS
-   16644001 619 19114	41 11   46 11   42 11   40 11   40 11	. <b>40</b> 0 ika 65006 ukinu 51000 ibat 6 <b>8</b> 0

22412 ENSENADA WAY BOCA RATON FL 33433		22412 ENSENADA WAY BOCA RATON FL 33433-4627		and the second	e e e e		
					3. Date Incorporated or Qualified 01/08/1996	3a, Date of Last F	·
2. Principal Pia	ace of Business	2a, Mailing Address			4. FEI Number	/ <u>  </u>	pplied For
11 22412	ENSENADA HAY	26 22412 EN	SENA	DA HA	y 65-0647601	<del></del>	ot Applicable
Suite, Apt. # BOCA	ENSENADA HAY Leic. RATON , FLORIDA	Suite, Apt. #, etc.		:	5. Certificate of Status Desired	1 1	Additional equired
3	,, ,	28 DOCA KATON, FLORIDA		Trust Fund Contribution	DebbA D	May Be to Fees	
<sup>2φ</sup> 3343	33 25 Palm BEACH	33433	30 AL	M BEA	8. This corporation has liability for	intangible tax under s Yes 🛂 No	s. 199.032,
24 3343	9 Name and Address of Current		1301 1712	n IJEA	Florida Statutes  10. Name and Address of New Re		,
CI ILI		Trogramme and the second	8	1 Name	10, 110,110 and 110,100 01 110,110	- State of the Francisco	· · · · · · · · · · · · · · · · · · ·
	ANDRON, INGRID		ļ_				
22412 ENSENADA WAY BOCA RATON FL 33433		8	82 Street Address (P.O. Box Number is Not Acceptable)				
800	A 1041014 FE 33433		8	3			
			<u> </u>	<u> </u>		······································	
			8	4 City		85 Zip	Code
11, Pursuant to office or reagent. Lan	o the provisions of Sections 607 0502 gistered agent or both, in the State on tamiliar with and accent are obligat			ve-named co by the corpor es.	orporation submits this statement for the pration's board of directors. I hereby acce	purpose of changing i pt the appointment as	ts registered registered
SIGNATURE ;	Signature, typed or printed name of registered agent		noce	pent signal ye rec	guired when reinstating)		77
12.	OFFICERS AND		13.	Bour alford on	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TILE	0	DELETE	1.1 3171.8				
NAME	SUHANDRON, INGRID		1.2 NAM	ε ! .	Toseph T. SUHAND 22412 ENSENADA BOCA RATON, FLO	RON IVice	DREC
STREET ADDRESS	22412 ENSENADA WAY		1.3 STRE	ET ADDRESS	ROLL DATEN EL	WAY / TICE	1
C(1Y-S1-7)P	BOCA RATON FL 33433			-ST-ZIP	SUCH PEATON, FEE	VKINA, 33	433
TITLE		DELETE	2.1 1174	1	CENNETH SUHAN.	ORON Change	Addition
NAME			2.2 NAM	E	SECRETARY 141 S. FEDERAL HI PERFIELD BEACH,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS			2.3 STRE	ET ADDRESS 4	141 S. FEBERAL HI	44 C/O DM	T.
OTY-ST-AF			2.4 CITY	-ST-ZIP	PERFIELD BEACH	FLA 3344	41
TITLE {		☐ DELETE	3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAMÉ			3.2 NAM				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
STREET ADDRESS CHY: ST-ZiF		-7-1		ET ADDRESS (+ST-ZIP			···
1		DELETE		1 - ST - ZIP		☐ Change	Addition
CHY-SI-ZIF	of types and the second of the	DELETE	34. CITY	( - S) - Z(P		Change	Addition
CHY-SI-74P THUE		DELETE	3 4. CITY 4.1 TITLE 4. 2 NAM	( - S) - Z(P		☐ Change	Addition
CHY-SI-74* THUE NAME STREET ADDRESS CHY-SI-74*			3 4. CITY 4.1 TITLE 4. 2 NAM 4.3 STRE 4.4 CITY	/-ST-ZIP  ME LET ADDRESS -ST-ZIP			
CHY-ST-74P THLE NAME STREET ADDRESS CHY-ST-74P THLE		☐ DELETE	3.4. CITY 4.1 TITL( 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITL(	/-ST-ZIP  AE LET ADDRESS -ST-ZIP		☐ Change	Addition
CHY-S1-7# HILE NAME STREET ADDRESS CHY-S1-7# TITLE NAME			3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM	A-ST-ZIP  AE LET ADDRESS -ST-ZIP  E			
CHY SI-7AP THUE NAME STREEL ADDRESS CHY-SI-7AP THUE NAMU STREEL ADDRESS			3.4. CITY 4.1 TITLI 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRE	1-ST-ZIP  AE  AE  AE  AT  ADDRESS  -ST-ZIP  E  E  E  ADDRESS			
CHY-ST-7AP THUE NAME STREET ADDRESS CHY-ST-7AP THE NAME STREET ADDRESS CHY-ST-7AP		DELETE	3.4. CITY 4.1 TITLI 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRE 5.4 CITY	(-ST-ZIP  THE LET ADDRESS -ST-ZIP  E  E  ET ADDRESS -ST-ZIP		Change	Addition
CHY ST-7# THUE NAME STREEL ADDRESS CHY-ST-7# THE NAME STREEL ADDRESS CHY-ST-7# THE			3.4. CITY 4.1 TITLE 4.2 NAN 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE	(-ST-ZIP  AE  AE  ET ADDRESS  -ST-ZIP  EE  AET ADDRESS  -ST-ZIP			Addillor
CITY ST-70P THUE NAME STREET ADDRESS CITY-ST-20P THUE NAME STREET ADDRESS CUTY-ST-70P THUE NAME		DELETE	3.4 CITY 4.1 TITLE 4.2 NAN 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM	(-ST-ZIP  AE  ET ADDRESS -ST-ZIP  E  E  ET ADDRESS -ST-ZIP  E  E  E  E  E		Change	Addition
CHY ST-7# THUE NAME STREEL ADDRESS CHY-ST-7# THE NAME STREEL ADDRESS CHY-ST-7# THE		DELETE	3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM 6.3 STRE	(-ST-ZIP  AE  AE  ET ADDRESS  -ST-ZIP  EE  AET ADDRESS  -ST-ZIP		Change	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t). 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 office corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

Frol All Chinoson [INGRID SUHANDRIN]

2/20/99

561-479-44/o