

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

FILED  
May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000002545 (7)

1. Corporation Name  
L.B.D. MAINTENANCE, INC.

Principal Place of Business

~~10211 BOCA BEND EAST #2  
BOCA RATON FL 33428~~

Mailing Address

~~10211 BOCA BEND EAST #2  
BOCA RATON FL 33428-5463~~



2. Principal Place of Business

21 1228 S. MILITARY TRAIL

Suite, Apt. #, etc.

22 APT. 2114

City & State

23 DEERFIELD BEACH FL

Zip

24 33442

Country

25 USA

2a. Mailing Address

26 1228 S. MILITARY TRAIL

Suite, Apt. #, etc.

27 APT. 2114

City & State

28 DEERFIELD BEACH FL

Zip

29 33442

Country

30 USA

3. Date Incorporated or Qualified

01/04/1996

3a. Date of Last Report

4. FEI Number

65-0631386

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

~~DESJARDINS, LOUIS  
10211 BOCA BEND EAST #2  
BOCA RATON FL 33428~~

1228 S. MILITARY TRAIL # 2114  
DEERFIELD BEACH FL  
33442

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DESJARDINS, LOUIS  
STREET ADDRESS 10211 BOCA BEND EAST #2  
CITY-ST-ZIP BOCA RATON FL 33428

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME DESJARDINS, LOUIS  
1.3 STREET ADDRESS 1228 S. MILITARY TRAIL APT. 2114  
1.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

☒ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby 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.

CR2E034 (9/96)