Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90180 042 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

r. Corporation	NENT # P960000 NOUSTRIAL MAINTENANCE,				
Principal Place of Business Mailing Address				1 (2011) 201 (10 10) 2 1111 2 1111 4 1111 4 4 111 4 4 111	1) DB(B) B))(\$ 1)011 40115 4111 1501
1317 BELCHER ROAD TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed	
•				01/17/1996	
Principal Place of Business     2a. Mailing Address				4. FEI Number	Applied For
21			57-3359734	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State		<u> </u>	6. Election Campaign Financing	\$5.00 May Be	
23	28		دانيت - سرد	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible
24	25	29 30	o	Personal Property Tax.	☐ Yes X No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
1					<u> </u>
FRANGOS, MIKME 1317 BELCHER ROAD TARPON_SPRINGS_EL_34689			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
TARPUN SPRINGS FL 34689					}
84 Ci				F	L 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  12. OFFICERS AND DIRECTORS  13.				d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTORS IN 12
12.	D OFFICERS AND	D DIRECTORS DELETE	13. 1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE		, and a second	1,2 NAME		
NAME STREET ADDRESS	TOUTOOO, MINE		1.3 STREET ADDRESS		
1 1	TARPON SPRINGS FL 34689		1,4 CITY+ST-ZIP		
CITY-ST-ZIP	DELETE		2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME	<u>.</u>	}
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE	DELETE		3.1 TITLE	· ·	☐ Change ☐ Addition
NAME			3.2 NAME	•	
STREET ADDRESS		:	3.3 STREET ADDRESS		·
=CITY-ST-ZIP-₹			3.4, CITY-ST-ZIP		
TITLE		☐ DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS .			4.3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE		5.1 TITLE	•	Change Addition
NAME			5.2 NAME	·	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		

CITY-ST-ZIP 14. I 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 copyrightion or the receiver of 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 chapter 607, on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

TITLE

NAME

STREET ADDRESS

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Daytime Phone #

☐ Change

☐ Addition