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 # P9600006968 (7)

FILED Apr 20 1998 8:00am Secretary of State

	MAINTENANCE, INC.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Principal Plac	ce of Business	Mailing Address		CARRIERI AIR IRIIA RIVII ABAN BANIN BONIN	ABIN 60116 61116 10116 01161 1011 1001
8823 REGENCY PARK BLVD. 8623 REGENCY PARK BLVD. PORT RICHEY FL 34668 PORT RICHEY FL 34668).	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	IN THIS SPACE
				01/12/1996	
2. Principal F	Place of Business	2a. Mailing Address	——————————————————————————————————————	4. FEI Number	Applied For
21 /250	O FOX CROFT LANE	26		59-2221326	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 7		27		5. Certificate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23 HUL	SON FL	28	Country	Trust Fund Contribution	Added to Fees
24 34	667 25 USA	29 3	- ¬ ´	8. This corporation owes or has paid Personal Property Tax due June 3	
1	9, Name and Address of Current		<u> </u>	10. Name and Address of New Reg	
86: PO	DESSI, MICHAEL V 23 REGENCY PARK BLVD. PRT RICHEY FL 34668		84 City HUD	FOX CROFT WANTE	FL 85 39257
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	Vand Hulb		esident		4/13/98
	Signature, typed or printed name of registered agen		Registered Agent signature requir		DATE
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	
NAME	HUBBARD, VAUGHN L		1.2 NAME		Change Addition
STREET ADDRESS	12500 FOXCROFT LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL		1.4 CITY-ST-ZIP		341.7
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		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Document	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 TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		E CHENGE E ROUNIUIT
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
ÇITY-ST-ZIP			6.4 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 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.

NONATURE 1/20/ 1/-1

4/h 108 Pa 7