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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000013882 (1)

ANGLO AMERICAN MAINTENANCE, INC.

FILED Apr 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								A 10011001 110 tolla bitti 40tti 45tti 00141		11181 1818		101 1801
148 LAKE POIN KISSIMMEE FL		8 LAKE POINTE CIRCL SSIMMEE FL 34743-812										
								3. Date Incorporated or Qualified 02/09/1996	3a. Da	ate of La	asi Re	port
2. Principal Place of Business			n	26. Mailing Address 26				4. FEI Number 59-3374452	Applied For Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.						\$8.		dditional
22			27					5. Certificate of Status Desired			e Rec	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Zip Country			Zip Countr			/	8. This corporation has liability for intangible tax under s. 199.032,				
24	25		29	30				Florida Statutes Yes No				
		nd Address of Curre	nt Regis	stered Agent		Ι	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	gistered .	Agent		
	igham, step					81	Name					
4545 PLEASANT HILL ROAD Suite 110							Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	SIMMEE FL 3	4759				83						
						84	City		···	85	Zip Ci	ode
									FL		·	
11. Pursuant office or r agent. I a	to the provisio registered ago am familiar with	ns of Sections 607.05(nt, or both, in the State , and accept the oblig	02 and € o of Flori pations o	807.1508, Florida Stati ida. Such change was al, Section 607.0505, F	utes, the a authorize Torida Sta	bov d by tute	e-named corp y the corpora s.	poration submits this statement for the partion's board of directors. I hereby acceptions	urpose of of the app	changi ointmer	ng its it as re	registered egisterød
SIGNATURE	Electrical Confession	printed name of registered as		Ale	M. Davidou		out since two rooms	ited when reinstating)	DATE			
12.	Signature, typica or	OF FICERS AN			13.	- Age	ant signant e requi	ADDITIONS/CHANGES TO OFFIC		DIREC	TORS	IN 12
TITLE	PT			DECETE	1.17	TLE				Cha		Addition
NAME	DIGILIO, AI				1.2 N	AME						
STREET ADDRESS		POINTE CIRCLE			135	IREET	ADDRESS					
CITY-ST-ZIP	KISSIMMEE	FL			1.4 0	(TY - S	ST - ZIP					
TITLE	VS			DOLLETE	2.1 T	TLE				☐ Cha	nge	Addition
NAME	JOYCE, KA				2.2 N	AME						
STREET ADDRESS		POINTE CIRCLE			2.3 \$	TREET	ADDRESS	.*	1.5			,
CITY-ST-ZIP	KISSIMMEE	: FL		Thomas			S1 - ZIP					
TITLE				DELETE	3.1 1					Cha	nge	Addition
NAME					3.2 N							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP				DELETE	3.4. C		\$1-7IP			Cha	nae	Addition
TITLE NAME				C) orceit	4.11					LJ Ulidi	ngo	LT MUUILIOII
STREET ADDRESS							ADDRESS					
							ST-ZIP					
DITY-ST-ZIP TITLE				DELFTE	511) - ZIF			Cha	nge	Addition
NAME					5.2 N						-	
STREET ADDRESS					- 1		ADDRESS					
CITY-ST-ZIP	į						ST-ZIP					
TITLE				DELETE	6.1 11					Cha	nge	Addition
NAME				<u> </u>	6.2 N					_	-	_
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP							51- <i>7</i> (P					
	by partify that t	he internation ampli	et with th	No filina dana nat aus	life for the			d in Section 110 07/3\/ii) Florida Statuto	Literation	cortifu	that th	~

Information indicated on this annual report or supplierrontal 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 phanged, or on an appears with an address.