PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000013882

1. Corporation Name

ANGLO AMERICAN MAINTENANCE INC

| Principal Place of Business | Mailing Address | |
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| 148 LAKE POINTE CIRCLE KISSIMMEE FL | 148 LAKE POINTE CIRCLE Kissimmee Fl | |

FILED Apr 16, 1999 8:00 am Secretary of State 04-16-1999 90064 050 ***150.00

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| | | | | | | | | 3 | | Date Incorporated or Quali 02/09/1996 | ifed | | | | |
| 2. Principal P | Place of Business | 2a. | Mailing Ad | Idress | | | | 4 | | FEI Number | | | | App | lied For |
| 21 | | 26 | | | | | | | - 5 | 59-3374452 | | | | | Applicable |
| Suite, Apt. | #, etc | 27 | Suite, Apt. | . #, etc · | | | , ē | 5 | 5. (| Certifcate of Status Desire | d 🗂 | | • | 5 Ace Req | Iditional uired |
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| 23 | | 28 | | | | | | | | Trust Fund Contribution | | | | led to | Fees _ |
| Zip | Country | - | Zip | | Cou | ntry | | 8 | | This corporation owes the | current ye | | | r | ¬.,. |
| 24 | 25 | 29 | tored Agen | | 30 | | | | | Personal Property Tax. Name and Address of Ne | Poglet | | □ Yes | | □No |
| | 9. Name and Address of C | urrent kegisi | terea Agen | <u>n</u> | | 81 | Name | 10 | U. 1 | Name and Address of Ne | w Kegisi | ereu A | Beiir | | |
| LANG | GHAM, STEPHEN | | | | | | | | | · | | | | | |
| | PLEASANT HILL ROAD | | | | | 82 | Street A | Address (| (P. | O. Box Number is Not Acc | eptable) | | | | |
| SUIT | E 110 | | | | ! | 83 | | | | | | | | | |
| KISS | SIMMEE FL 34759 | | | | | | | | | | | | | | |
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| ĺ | | 7.0500 3.5 | | | 1 | ĺ | | | ion | submits this statement for | the nume | se of c | hangin | - : | |
| 11. Pursuant | to the provisions of Sections 60 | ur usuz and 60 | 07.1508, Flc | orida Statut | es, the al | hove- | named o | corporatio | | SUDMIS THIS STATEMENT OF | | | | ยแรก | ealsterea |
|) office or r | to the provisions of Sections 60 registered agent, or both, in the | State of Florid | da. Such cha | ange was a | uthorized | i by ti | named on the corpo | ration's t | boa | ard of directors. I hereby a | ccept the | appoint | ment a | s regi | egisterea istered |
| office or r agent. I a | to the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the | State of Florid | da. Such cha | ange was a | uthorized | i by ti | -named on the corpo | corporation's b | boa | ard of directors. I hereby a | ccept the | appoint | ment a | g its regi | egistered istered |
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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 changes or on an attachment with an address, with all other like empowered.