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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 P96000014290 (6)

MAINTE	ENANCE MASTERS OF SO	UTH FL	ORIDA, INC.							
Principal Plac	e of Business	Ma	iling Address				I EQUILIQUE PAD EDITE QUAN DUMA QUINT	u iii uiiii ik	QUI 0 1010	ii 56 ii 1 51 i
18921 ROYAL POINCIANA DR FT LAUDERDALE FL 33326		169	16921 ROYAL POINCIANA DR FT LAUDERDALE FL 33326				DO NOT WRIT	E IN THIS	S SPACE	
							 Date incorporated or Qualified 02/15/1996 			
<u> </u>	Place of Business	t	Mailing Address		_		4. FEI Number			oplied For
21 Cuito Ant	# ato	26	Suite, Apt #, etc.				65-0647705			ot Applicable
Suite, Apt. #, etc.		F	27				5, Certificate of Status Desired		,	Additional equired
City & Stat	е		City & State			6. Election Campaign Financing			May Be	
23		28					Trust Fund Contribution			to Fees
Zip	Country		Zφ	Cou	intry	,	8. This corporation owes or has p	aid the c	urrent year Int	tangible
24	25		9 30				Personal Property Tax due June 30, Yes No			
	9, Name and Address of Curre	nt Regist	ered Agent		81	Name	10. Name and Address of New F	egistere	d Agent	
	DELMAN, JEFFREY				Ľ	Naille				
	921 ROYAL POINCIANA DR LAUDERDALE FL 33326				82 Street Ad		dress (P.O. Box Number is Not Accepta	able)		
r,	LAUDENDALE FL 33320				83					
					84	City			85 Zip	Code
						,	poration submits this statement for the ation's board of directors. I hereby acc	FI	L	
SIGNATURE	Signature, typest or printe financie of registeresting OFFICERS AN		1ORS	13.		nl signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF	DATE		
TITLE	D DECEMBER		DELETE	1.1 (Change	Addition
NAME	NODELMAN, JEFFREY	D		1.2 N						
STREET ADDRESS	16921 ROYAL POINCIANA DI FT LAUDERDALE FL 33326	n		1.3 STREET ADDRESS 1.4 City-St-2ip						
CITY+ST-ZIP TITLE	FT EAUDERDALE TE 35320		DELETE	2.1 T		51 - ZIP			Change	Addition
NAME				22 N		ĺ				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP						ST-ZIP				
TITLE			DELETE	3.1 TI					Change	Addition
NAME				3.2 N	AME	1				
STREET ADDRESS				3.3 \$	TREET	ADDRESS				
CITY-ST-ZIP						ST - 71P				
TITLE			L DELETE	4 1 T	TLF				L Change	Addition
NAME				4.2 N		[
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE			ST- ZIP			Change	Addition
TITLE			I DETER	5.1 TI						TH MODITION
NAME OTHER ASSIDES				5.2 N		Annocce				
STREET ADDRESS						ADDRESS IT-ZIP				
CITY-ST-ZIP TITLE			DELETE	6.1 TI		11-712			Change	Addition
NAME				6.2 N						
STREET ADDRESS				- 6		ADDRESS				

14. Thereby 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.

SIGNATURE: I Seffert Rober

JEFFRY NODELMAN V5-28-18 × 954-389-8180

32E034 (10/97)

FILED

Jun 02 1998 8:00am

Secretary of State