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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000014424**1. Corporation Name

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90071 006 ***150.00

"MIKES"	TOTAL CARE MAINTENANC	E INC.						
Principal Place	of Business	Mailing Address				III) Maisi aasaa is	Bit BIBN BIBN	(81)
4331 CHANTILL		4331 CHANTILLY WAY						
MILTON FL 32583 MILTON FL 32583					BO NOT WE	TE IN TUO	CDACE	
US		US			DO NOT WR		SPACE	
i					3. Date Incorporated or Qualifed			
					02/15/1996		1 1 4	aliad Fas
2. Principal Place of Business 2a. Mailing Address					4. FEI Number			oplied For ot Applicable
		Suite, Apt. #, etc.			59-3356689			Additional
Suite, Apt.	#, etc.	⊢ ''			5. Certifcate of Status Desired		•	equired
City & State		City & State	•		6. Election Campaign Financing			May Be
23]	a	28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	_	8. This corporation owes the cur	rent vear inta	ınaible	
24	25	29 30	o		Personal Property Tax.		∐Yes	□No
271	9. Name and Address of Current		<u> </u>		10. Name and Address of New	Registered A	\gent	
			81	Name				
KALE	EN, MICHAEL F		82	Stroot Ac	ddress (P.O. Box Number is Not Accept	able)		
3205	EAST OLIVE ROAD		62	Sueerve	Saless (F.O. Box Nambor to Not Procept	.abio,		
APT.	#31		83		1,40,140,140			
PEN:	SACOLA FL 32514		0.4	-			85 Zip	Code
			84	' '		FL		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the above	e-named co	orporation submits this statement for the ation's board of directors. I hereby acce	e purpose or one of the purpoing the purpose of the purpoing of the purpoing of the purpoing of the purpose of	changing it itment as r	egistered
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligati			_		pt the appoir	itment as n	egistered
	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable (NOTE: Re		_	orporation submits this statement for the ation's board of directors. I hereby acceuring when reinstating) ADDITIONS/CHANGES TO OF	DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable (NOTE: Re	egistered Ager	_	uired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable (NOTE: Re	egistered Ager	_	uired when reinstating)	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND D KALEN, MICHAEL F	and title if applicable (NOTE: Re	13.	nt signature requ	uired when reinstating)	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND OFFICERS AND NALEN, MICHAEL F 3205 EAST OLIVE ROAD #31	and title if applicable (NOTE: Re	egistered Ager 13. 1.1 TITLE 1.2 NAME	nt signature requ	uired when reinstating)	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D KALEN, MICHAEL F	and title if applicable (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature requ	uired when reinstating)	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND KALEN, MICHAEL F 3205 EAST OLIVE ROAD #31 PENSACOLA FL 32514	and title if applicable (NOTÉ: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature requ	uired when reinstating)	DATE	D DIRECT	ORS IN 12
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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, with all other like empowered.