PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000031747

1. Corporation Name

ASTORIA MAINTENANCE, INC.

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90003 043 ***150.00



Principal Place of Business Mailing Address					- I (SDE) CON 15110 BINE BINE BUIL BOUN BOUND BOUND HEAD IN BUIL HOUSE BEGIN H	
1410 N. WEST 14 AVE. 1410 N. WEST 14 AVE.						
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069						
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
- 0: : 10		A Mailine Address				04/05/1996 4. FEI Number Applied For
	Principal Place of Business 2a. Mailing Address					65-0658980 Not Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
						5. Certifcate of Status Desired Fee Required
22 27 City & State City & State						6. Election Campaign Financing \$5.00 May Be
23 28						Trust Fund Contribution Added to Fees
Zip	<u> </u>			ıntry		8. This corporation owes the current year Intangible
24	25 29 30					Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
				81	Name	•
PITTER, CARL S 7380 WEST ATLANTIC BLVD. MARGATE FL 33063				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
				83		Ì
				84	City	85 Zip Code
					_	FL T
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						
ļ	Signature, typed or printed name of registered agen		 -		t signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	DP OFFICERS AN	ID DIRECTORS	13.			Change Addition
NAME	PILIERO, RAY		1.2 N			1
[:	1410 N. WEST 14 AVE.	■ · · · · · · · · · · · · · · · · · · ·			ADDRESS	
STREET ADDRESS			ITY-ST		†	
CITY-ST-ZIP TITLE	DTS DELETE 21TI			-	Change Addition	
NAME	PILIERO, MARY L	_	2.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP	DOMBANO PEACH EL COCCO			2.4 CITY-ST-ZIP		
TITLE	DV DELETE 3.1T				Change Addition	
NAME	MARKUNAS, FRANK	_	3.2 NAME			
STREET ADDRESS:	AAAO NI MEOT AA AME				ADDRESS	
CITY-ST-ZIP			CITY-S	1		
TITLE	DELETE 4.1 TO				☐ Change ☐ Addition	
NAME			4.21	VAME		·
STREET ADDRESS			4.3 S	TREET	ADDRESS)
CITY-ST-ZIP	4.4.0		ITY-S1			
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME	5.2		5.2 N	IAME		
STREET ADDRESS			5.3 S	TREET	ADDRESS	
CITY-ST-ZIP			5.4 C	HTY-S1	T-ZIP	
TITLE		☐ DELETE	6.1 T	ITLE		☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET	ADDRESS	
I	İ					i i

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 chapter, or on an attachment with an address, with all other like empowered.

SIGNATURE: