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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000062721 (1)

A PLUS UPKEEP, INC.

appears in Block 12 or Block 1/8

Principal Place of Business

FILED Apr 25 1997 8:00am Secretary of State

1-954



BEIS JOHNSON ST PEMBROKE PINES FL 33024		8611 JOHNSON ST PEMBROKE PINES FL 33024-6505			
			3. Date Incorporated or Qualified 07/24/1996		3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 5901	HOOD ST	26 5901 Ho	OD ST.	65-0734890	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		G. Contribute of Dialog Desired	Fee Required
City & Stat		City & State	[100.04	6. Election Campaign Financing	\$5.00 May Be
City & Stat	ywood FloriDA Country	28 Holly wood	FlorIDA Country	Trust Fund Contribution	Added to Fees
24 330			BrowAR	8. This corporation has hability for i	ntangible tax under s 199.032,  Yes No
7	9. Name and Address of Current			10. Name and Address of New Re	·
WILSON, PHIL  B1 Name PHILIP WILSON					
8611 JOHNSON ST				Idress (P.O. Box Number is Not Acceptab	le)
PEMBROKE PINES FL 33024			59		OD ST.
63				/	
1			84 City		85 Zip Code
ļ				Holly WOOD	FL   33021
LITE FORSUME DE DIOVISIONS DE RECHOUS OUTURAL AUG OUT. EDVO. FIDUGA AMBRICAS, DE ADOVERMINEG COLDOTARDE SUBTEMBER DE UTE DINDOSE DE CHANGING US EXPISIONEU. L					
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 about the obligations of Section 607,0505, Florida Statutes.					
SIGNATURE The Wilson Wilson (NOTE frequence Agent's grature required when reinstating)  4/20/97  DATE					
12.	OFFICERS AND		<b>1</b> 3.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
, TITLE		☐ DELETE	1.1 THILE	V. P.	Change 🔀 Addition
NAME	WILSON, PHIL	1100 D ST	1.2 NAME	WILSON ALESE	
STREET ADDRESS		HOOD ST	1.3 STREET ADDRESS	5901 HOOD ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33024 //			Holly WOOD FLORI	DA 33021
TITLE		☐ DELFTE	2.1 TiTLE	,	Change Addition
NAME	·		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
¿CITY-ST-ZIP	and the state of t	DELETE	2. 4 CHY - ST - ZIF		Charige Addition
NAME		DEGLETE	3.1 TITLE 3.2 NAME		CT Outside CT Modition
STREET ADDRESS			3.3 STHEET ADDRESS		
CITY-ST-ZIP			3.4. C(1Y - S1 - ZIP		
TITLE		DELETE	4.1 TILLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		İ
:T(TLE		☐ DELFTE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C(11Y - ST - Z(I)*		
TITLE		☐ DELETE	6.1 TITLE		L Change L Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		1

I do hereby certify that the information supplied with this tiling 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 certification or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name