

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED,  
AND  
FILED  
97 JUL 30 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000066019 (6)

1. Corporation Name

FLORIDA PROPERTY MAINTENANCE, INC.



Principal Place of Business

3206 NE 168TH STREET  
NORTH MIAMI BEACH FL 33180

Mailing Address

3206 NE 168TH STREET  
NORTH MIAMI BEACH FL 33180-3082

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified  
08/07/1996

3a. Date of Last Report

4. FEI Number

65-0717298

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BOULEVARD  
SUITE 211  
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

PETER BUFFA

3206 NE 168 STREET

NORTH MIAMI BEACH

FL

85 Zip Code

33160

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/97

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BUFFA, PETER J  
3206 NE 168TH STREET  
NORTH MIAMI BEACH FL 33180

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FERNANDEZ, FELIZ  
3206 NE 168TH STREET  
NORTH MIAMI BEACH FL 33180

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BATTAGLIA, JOHN  
3206 NE 168TH STREET  
NORTH MIAMI BEACH FL 33180

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100002257131-18  
-08/04/97--01160--026  
\*\*\*\*165.00 \*\*\*\*165.00

8/7/31

14. I do 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.

SIGNATURE

4/2/97 (305)

CR2E034 (9/96)