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PROFIT CORPORATION **ANNUAL REPORT**

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067567 (3)

IAWL MAINTENANCE, INC.

TITLE

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CITY-ST-ZIP

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Principal Place of Business Mailing Address 7903 MANOR FOREST BLVD 7903 MANOR FOREST BLVD **BOYNTON BEACH FL 33482** BOYNTON BEACH FL 33462-4814 3. Date Incorporated or Qualified 3a. Date of Last Report 08/09/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing Trust Fund Contribution П Added to Fees 23 28 Zip Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes DANO 24 25 29 Florida Statutes 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GOODMAN, DENISE D 7903 MANOR FOREST BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33462** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. Denise D. Goodman 12/31/96 red Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 🔲 DELETE Change Addition TITLE D 1.1 TITLE GOODMAN, GARY D NAME 1.2 NAME 7903 MANOR FOREST BLVD STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33462** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE Change Addition **GOODMAN, DENISE D** 2.2 NAME NAME 7903 MANOR FOREST BLVD STREET ADDRESS 2.3 STREET ADDRESS **BOYNTON BEACH FL 33462** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ■ Addition ☐ Change

CITY-ST-ZIP 64 CITY - S1 - ZIP 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 eath; that I am an officer or director of the corporation of the receiver or trusted 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.

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

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3.3 STREET ADDRESS

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12/31/96

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FILED

Feb 10 1997 8:00am

Secretary of State