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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000018125 (9)

POLISHED MAINTENANCE, INC.

Principal Place of Business

Mailing Address

9843 THREE LAKES CIRCLE

9843 THREE LAKES CIRCLE

FILED

Mar 31 1998 8:00am

Secretary of State

BOGA NATON PL 33426		BOCA RATON FL 33428		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		•
					02/21/1997		
2. Principal Place of Business 2a. Mailing Add			iress		4. FEI Number		Applied For
			4 <i>E</i>		65-0729392		Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	T	5 Additional Required	
City & State		City & State		6. Election Campaign Financing		00 May Be	
23	28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip Country		8. This corporation owes or has paid the current year Intangible			
24	25	29	30		Personal Property Tax due June 30.	. Yes	□ No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regist	lered Agent	
	INE, MICHAEL		8	1 Name			
9843 THREE LAKES CIRCLE			8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
ВО	CA RATON FL 33428		8	3			
			L				
			8	4 City		FL 85 Z	ip Code
11. Pursuant t	o the provisions of Sections 607.0502	2 and 607.1508, Florida Stati	utes, the abo	ve-named co	orporation submits this statement for the purp		g its registered
office or re agent. I a	agistered agent, or both, in the State in familiar with, and accept the obliga	of Horida. Such change was itions of, Section 607.0505, F	s authorized t Florida Statut	by the corpo es.	orporation submits this statement for the purporation's board of directors. I hereby accept the	e appointment	as registered
SIGNATURE							
·- · · · · · · · · · · · · · · · · · ·	Signature, typed or period name of registered again			gent signature re		DATE	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS		
NAME	LEVINE. MICHAEL		1.1 TITLE			Chang	ge [] Addition
I	9843 THREE LAKES CIRCLE		1.2 NAME	i i			
STREET ADDRESS	BOCA RATON FL 33428			ET ADDRESS			
CITY-ST-ZIP TITLE	DOOR HATON TE 33428	DELETE	1.4 CITY -			[] O	
NAME	CRUZ, DANIEL		2.1 TITLE	- 1		Chang	ge L Addition
STREET ADDRESS	516 N.W. 12TH TERRACE		2.2 NAME				
	BOCA RATON FL 33426			ET ADDRESS			
CITY-ST-ZIP TITLE	h	DELETE	2.4 CITY 3.1 TITLE		- N-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Chang	ne Addition
NAME	GRABSKY, RICHARD	A sure				☐ Chang	,e LJ Addition
STREET ADDRESS	22605 S.W. 66TH AVE. #115		3.2 NAME				
CITY-ST-ZIP	BOCA RATON FL 33428			ET ADDRESS			
TITLE	DOOM INTO IT I SOVED	DELETE	3.4. CITY- 4.1 TITLE			Chang	pe Addition
NAME			4. 2 NAMI			L Chang	,c C Addition
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP							
TITLE		DELETE	4.4 CITY- 5.1 TITLE			☐ Chang	ne Addition
NAME		_ vicent	5.2 NAME			L., Chang	E LI AUGINION
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 C/TY-				Ì
TITLE		DELETE	6.1 TALE	01-ZIF		☐ Change	le Addition
NAME			6.2 NAME			cridings	· LI MOURIORI
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP							
44 I berebu e	atily that the information are used in		64 CATY -	51-ZIP			

I nereby 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.

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