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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 🐇 DOCUMENT # P9700021887

1. Corporation Name CLASSIC MAINTENANCE SERVICE, CORP.					ŀ			
CLASSIC	, MAINTENANCE SERVICE,	CONF.				((1 6 1 1 1 6 1 1 1 8 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1111 1111 1111
Principal Place of Business Mailing Address						T (BB)(#\$) (is lett is bit Sair adin abut aar		
16363 NW 16TH ST P O BOX 171524								
PEMBROKE PINES FL 33028 MIAMI FL 33017 US US						DO NOT WRITE IN TH	IS SPACE	•
US		55			3. D	Date Incorporated or Qualifed		
	•				0	3/11/1997		
2. Principal Pl	Principal Place of Business 2a. Mailing Address					El Number	App	olied For
21	26				6	<u>5-0745490</u>	 	Applicable
Suite, Apt.	pt. #, etc. Suite, Apt. #, etc.					Certificate of Status Desired	\$8.75 A	
27				•			Fee Re	
City & State City & State						Election Campaign Financing	\$5.00 Added to	· .
23 Zip	Country Zip				+	his corporation owes the current year	Intangible	•
24	29 29 30						□No	
	9. Name and Address of Current	Registered Agent			10. N	lame and Address of New Registere	d Agent	
	· 连起了 新		81	Name				
	RIGUEZ, JOSE A	300	82	Street Addre	ess (P.C	D. Box Number is Not Acceptable)		
	33 NW 16TH ST	•				23.5 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	<u> </u>	2 2 2 2 2
PEM	BROKE PINES FL 33028		83					
÷			84	City			85 Zip C	Code
	Astronomic State Control					F	of changing its	registered
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	l and 607:1508, Florida Statute of Florida. Such change was au	s, the above thorized by	e-named corpo the corporation	n's boar	submits this statement for the purpose rd of directors. I hereby accept the app	ointment as rec	gistered
ž agent. I a	im familiar with, and accept the obligati	ions of, Section 607.0505, Flori	ida Statutes	•				ļ
SIGNATURE	Stgnature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Aper	t signature required	when rein	istating) DATE		
12.	OFFICERS ANI		13.			DITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	DT	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME 5	RODRIGUEZ, JOSE A	ODRIGUEZ, JOSE A 12		1.2 NAME				}
STREET ADDRESS	16363 NW 16TH ST		1.3 STREET ADDRESS					
THUE.	PEMBROKE PINES FL 33028		1.4 CITY-ST-ZIP					
TITLE	P	☐ DELETE	2.1 TITLE				Change	Addition
NAME	GONZALEZ, LUCIA		2.2 NAME					
STREET ADDRESS	16363 NW 16TH ST		2.3 STREET	ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL 33028	·	2. 4 CITY-S	T-ZIP			☐ Change	Addition
TITLE	S 3 S 2 S 3	· DELETE	3.1 TITLE				[_] Change	☐ Addition
NAME	LOPEZ, AGUSTIN		3.2 NAME					
STREET ADDRESS	1		3.3 STREET					•
CITY-ST-ZIP	PEMBROKE PINES FL 33028	☐ nci etc	3.4. CITY-S	T-ZIP			☐ Change	Addition
TITLE	to the second second	DELETE	4.1 TITLE 4, 2 NAME			المراجعين والمراجعين والمراجع والمراجعين والمراجعين والمراجع والمراع		
- NAME				T ADDRESS				
STREET ADDRESS	1 .		4.3 STREE					
CITY-ST-ZIP TITLE	10	☐ DELETE	5.1 TITLE	, 411	~~		Change	Addition
NAME			5.2 NAME	1				
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP	in the second		5,4 CITY-S	T-ZIP				
TITLE 1	The state of the state of the state of	☐ DELETE	6.1 TITLE				Change	Addition
NAME	MARCH TO STATE OF THE STATE OF		6.2 NAME					

CITY-ST-ZIP 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 of 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Jan 20, 1999 8:00am

Secretary of State

01-20-1999 90001 015 ***150.00