

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

FILED
May 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P970000 36942 ✓
 1. Corporation Name
 Ideal Maintenance, Inc.

Principal Place of Business	Mailing Address
4051 NW 93 Avenue Sunrise, FL 33351	(same)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04-24-97

21 17731 77 Lane No.	26 17731 77 Lane No.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Loxahatchee, FL	28 City & State Loxahatchee, FL
24 Zip 33470	29 Zip 33470
25 Country USA	30 Country USA

4. FEI Number 65-0748890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
 Michael W. Coggins
 4051 n.w. 93 Avenue
 Sunrise, FL 33351

10. Name and Address of New Registered Agent

81 Name Michael W. Coggins
82 Street Address (P.O. Box Number is Not Acceptable) 17731 77 Lane North
83
84 City Loxahatchee FL 85 Zip Code 33470

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.
 Registered Agent
 SIGNATURE Michael W. Coggins Michael W. Coggins President 4/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE P, T, D <input type="checkbox"/> DELETE	NAME Michael W. Coggins
STREET ADDRESS 4051 nw 93 Avenue	CITY-ST-ZIP Sunrise, FL 33351
TITLE V, S, D <input type="checkbox"/> DELETE	NAME Brenda J. Coggins
STREET ADDRESS 4051 nw 93 Avenue	CITY-ST-ZIP Sunrise FL 33351
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME
STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, T, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Michael W. Coggins
1.3 STREET ADDRESS 17731 77 Lane North
1.4 CITY-ST-ZIP Loxahatchee, FL 33470
2.1 TITLE V, S, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Brenda J. Coggins
2.3 STREET ADDRESS 17731 77 Lane North
2.4 CITY-ST-ZIP Loxahatchee, FL 33470
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, with all other like empowered.

SIGNATURE: Brenda J. Coggins Brenda J. Coggins 4/26/99 (561) 333-0787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)