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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000091045 (9)

MANPOWER MAINTENANCE, INC.

FILED Mar 20 1998 8:00am Secretary of State



Principal Plac	Ce of Business	Mailing Address		t cantent tie enter tente dette dette Beite titel tifft Betti filet fill tifft
9760 S.W. 16		9760 S.W. 181ST TERR.		
MIAMI FL 33	1157	MIAMI FL 33157		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2. Principal P	Place of Business	2a. Mailing Address	··	10/21/1997 4. FEI Number
- :	Place of Business OSW 181 TETT	26 9760 SW	1815T-	Not Applicable
Suite Apt. 22 33	157	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required
City & Stat	$\Delta \Delta \Delta$	City & State		6. Election Campaign Financing \$5.00 May Be
	iami, FL	28 MICH FL		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
<u>24 つう</u>	107 7 25 - LOKID		o FLOYIC	Personal Property Tax due June 30.
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
	EBB, WILFRED A		81 Name	
970	'60 S. W. 181ST TERR.		82 Street A	Address (P.O. Box Number is Not Acceptable)
MU	AMI FL 33157			
			83	
	•		84 City	85 Zip Code
				FL `
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 appearance agent. I am family a registered agent. I am				
	an is a decept trip contain	adong of occion and widing, hone	da Statutes.	
SIGNATURE	Signature hypothesis administration registered age	HILBROID A EPPORTO (NOTE: P	Registered Agent signature r	required when reinstating)
12.	OFFICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	Change Addition
NAME	WEBB, WILFRED A		1.2 NAME	
STREET ADDRESS	9760 S.W. 181ST TERR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP	
TITLE	D\$	☐ DELETE	2.1 TITLE	Change Addition
NAME	WEBB, CHASTINE M		2.2 NAME	<u> </u>
STREET ADDRESS	9760 S.W. 181ST TERR.	,	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	i	2.4 CITY-ST-ZIP	
TITLE		☐ DELETÉ	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-S1-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE	(☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	`		6.2 NAME	j
STREET ADDRESS			6.3 STREET ADDRESS	!
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. I hereby or	certify that the information supplied with	th this filing does not qualify for th	ne 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.				
PIGNATURE: 1112 / KAL of A 1130/1 W 22. 10/2/97				