## 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** # P97000099684 (7)

REST ASSURED MAINTENANCE, INC.

## **FILED** May 21 1998 8:00am Secretary of State



Principal Play	no of Puningen	Madison Address				
Principal Place of Business Mailing Address						
12017 144TH LANE N 12017 144TH LANE N LARGO FL 33774 LARGO FL 33774						
DANGO 1 L G	0/14	DINGO FE 33774			DO NOT WRITE IN THIS S	PACE
					3. Date Incorporated or Qualified	
					11/20/1997	
2. Principal F	Place of Business	2a, Mailing Address			4. FEI Number	Applied For
21		26			59-3481390	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 Ch. 8 Casta		27			Fee Required	
City & Sta	<u>├</u> դ				Election Campaign Financing	\$5.00 May Be
<b>Z</b> ip	Country			Trust Fund Contribution	Added to Fees	
24	<b>25</b>	29 30		<ol> <li>This corporation owes or has paid the current Personal Property Tax due June 30.</li> </ol>	ent year Intangible Yes	
24]	9. Name and Address of Curre		301		10. Name and Address of New Registered A	
SHAW, WILLIAM B JR				Name	10. Hama and Address of Hotel Hogistolog A	gont
	395 GULF BLVD #202					
	DIAN SHORES FL 33785		82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	
1134	DIAM CHONES I E 33703		83			
	i <del>e</del>		84	City	FL	85 Zip Code
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						
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.						
SIGNATURE						
	Signature, typed or printed name of registered as		Registered Age	nt signature rec	quired when reinstating) DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ACRITIONS/CHANGES TO OFFICERS AND	
TITLE		☐ DÉLETE	1.1 TITLE	1	MARABOTH PFIFER 12017 JULYALA N LARGO, FL 83774	Change
NAME			1.2 NAME		12017 JULITHEN N	
STREET ADDRESS			1.3 STREET	ADDRESS	LARAN EL BROOM	
CITY-ST-ZIP			1.4 CITY - ST	- ZIP		100 1 4-400
NAME	רייז הברבוב		2.1 TITLE	ŀ	L	Change Addition
			2.2 NAME			
STREET ADDRESS			2.3 STREET			
CITY-ST-ZIP TITLE			2. 4 CITY - S 3.1 TITLE	1-ZIP		Change Addition
NAME			3.1 TITLE 3.2 NAME		ι	Change
STREET ADDRESS			3.3 STREET	100BESS		
CITY-ST-ZIP			3.4. CITY-S			
TALE		☐ DELETE	4.1 TITLE	1 - 41F		Change Addition
NAME			4. 2 NAME		•	
STREET ADDRESS			4.3 STREET ADORE			<i>a.</i> )
CITY-ST-ZIP			4.4 City-St-ZIP			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME		<i>M</i> ₁	55/51
STREET ADDRESS	ADDRESS		5.3 STREET	ADDRESS	~#/	1/1/_1
CITY-ST-ZIP	<b>1</b> − 1		5.4 CITY - ST	1	/// .	1701
TITLE		DELETE	6.1 TITLE			Change Addition
NAME	6.2 N		6.2 NAME		10000253317	1
STREET ADDRESS			6.3 STREET A	DDRESS	-05/22/9801043043	}
CITY-ST-ZIP			6.4 C/TY-ST		***150.00	

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 supplicmental 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.