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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000028880

1. Corporation Name

KNIGHT BEDAIR & MAINTENANCE INC

NNIGHT	HEFAIR & MAINTENANC	JL, MO.							
Principal Place	of Business	Mailing Addre					<b>i de la comita del comita de la comita del comita de la comita della </b>	88  8   98    914     <b>6</b>  91	18141 <b>(</b> 8011 1881
						-			
1175 N.W. 20TH STREET 1175 N.W. 20TH STREET DELRAY BEACH FL 33445 DELRAY BEACH FL 33445									
DELRAY BEACH FL 33445 DELRAY BEACH FL 33445							DO NOT WRITE IN THIS SPACE		
						3. Date In	corporated or Qualifed		
						03/27	7/1998		
2. Principa P	lace of Business	2a. Mailing A	ddress			4. FEI Nu	imber and or in a	Ap	plied For
21	26				450	<u>&gt;8~782~</u>	<del></del>	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt. #, etc.			5. Certifo	ate of Status Desired	\$8.75 A	
22		27						Fee Re	
City & Sat	е	City & Sta	ate			1	n Campaign Financing	\$5.00	•
23		28				Trust F	und Contribution	Added t	c Fees
Zip	Country	Zip		Country		1 '	rporation owes the current ye		
24	25	29		10			al Property Tax.		₹₫Ño
	9. Name and Address of Cu	rrent Registered Age	nt	81	Nome	10. Name	and Address of New Regist	terea Agent	
NIT-C	TA MARDY			*'	Name				
	TA, MARK			82	Street Ad	dress (P.O. Box	Number is Not Acceptable)		
1175 N.W. 20TH STREET DELRAY BEACH FL 33445									
DELI	HAT BEACH FL 33445			83					
-				84	City			85 Zip (	Code
						·		FL   o   z	
l office or r	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the ol	tate of Florida. Such ch	iange was aut	horized by	the corpora	orporation submi etion's board of o	is this statement for the purpor rirectors. I hereby accept the	ose of changing its appointment as re	registered g stered
SIGNATURE			WOTE: E	N:	-t -it-ro rog	ured when reinstating)		ATE	
12.	Signature, typed or printed naine of registere	S AND DIRECTORS	(NOTE: H	13.	it signature req	·	ONS/CHANGES TO OFFICE		DE:S IN 12
TITLE	PTD		DELETE	1.1 TITLE				Change	Addition
NAME	110		1 2 NAME						
]	1175 N.W. 20TH STREET			l .	ADDRESS				
DELBAN BELOILEI COLLE					i				
CITY-ST-ZIP TITLE			1.4 CITY-S	1-ZIP		· <del></del>	Change	Addition	
NAME	VSD . NESTA, AMY	·		2.2 NAME				_ ,	_
	1175 N.W. 20TH STREET			1	FADDRESS				
STREET ADDRE IS				H	i				
CITY-ST-ZIP	DELRAY BEACH FL 33445		DELETE	2. 4 CITY-S 3.1 TITLE	51-ZIP		- <del></del>	Change	Addition
TITLE		L		3.2 NAME				_ 3	
NAME				3.3 STREET	LADOBLES				
STREET ADORE: S									
CITY-ST-ZIP			DELETE	34 CITY-S	H-ZIP	-		Change	[ Addition
TITLE		_	DECETE	E	]				
NAME				4 2 NAME					
STREET ADDRESS				43 STREE					
CITY-ST-ZIP					T-21P	-		Change	Addition
TITLE		L	1 DEFEIF	5.1 TITLE				□ Outsilige	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREET					
CITY-ST-ZIP				54 CITY-S	T-ZIP				
TITLE			DELETE	6.1 TITLE				Change	Addition

14. I hereby certify that the information supplied with this filling 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 open attachment with an address with a lother like empowered.

62 NAME

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

OFFICEF OR DIRECTOR