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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90223 005 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000056550**1. Corporation Name

SIGNATURE:

FLOOR CARE & MAINTENANCE, INC.

Principal Place	e of Business	•	Mailing Address							
1599 NE 23RD TERR		_	1599 NE 23RD TERR JENSEN BEACH FL 34957							
JENSEN BEACH FL 34957 JENSEN BEACH FL 3			III FL 34307	•			DO NOT WRITE IN THIS SPACE			
							 Date Incorporated or Qualified 06/22/1998 			
Principal Place of Business Za. Mailing A			ng Address				4. FEI Number	Ap	plied For	l
21		26	26				65-0846749	No	t Applicable	l
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
2		27	·							l
City & State		<u></u>	City & State				6. Election Campaign Financing	\$5.00. Added to		
23	Soundari		Zip Country				Trust Fund Contribution		o rees	l
Zip	7 ·		h ' —				This corporation owes the current year Int Personal Property Tax.		□No	l
24	9. Name and Address of Curre	29		105			10. Name and Address of New Registered	/A		ĺ
	5. Name and Address of Curre	ait registered Age		-	81	Name				l
COO	IKE, HARRY									
1599 NE 23RD TERR				82	Street Ad	dress (P.O. Box Number is Not Acceptable)			}	
	SEN BEACH FL 34957									
										ı
					84	City	FL	85 Zip C	Code	
agent. I a SIGNATURE	rn familiar with, and accept the oblig					signature requ	ired when reinstating) DATE			ά
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AN			\$
TITLE	D □ DELETE			1.1 TITLE				☐ Change	Addition	
NAME	COOKE, HARRY			1.2 NAME						8
STREET ADDRESS	1599 NE 23RD TERR			1.3 STREET ADDRESS						ļ
CITY-ST-ZIP	JENSEN BEACH FL 34957			1.4 C/I		-ZIP		Change	- Addition	م ا
TITLE		L	DELETE	2.1 TIT				☐ Change	Addition	`
NAME				2.2 NA	ME					1
STREET ADDRESS				2.3 ST	REET	ADDRESS				
CITY-ST-ZIP			T per exe	2. 4 Ci		r-ZiP		Change	Addition	1
TITLE		L	DELETE	3.1 ТП				Change	☐ Accinon	ł
NAME				3.2 NA						1
STREET ADDRESS						ADDRESS -	للسيسيد يان المعيناتين السياهيس مرمونساسم			
CITY-ST-ZIP			DELETE	3.4 CI 4.1 TIT		I-ZIP		Change	Addition	1
TITLE			_ DCCC1C	4.1 M						
NAME						ADDRESS				ŀ
STREET ADDRESS						1				
CITY-ST-ZIP TITLE			DELETE	4.4 CIT		-211		Change	Addition	1
NAME		_		5.2 NA						
STREET ADDRESS				B		ADDRESS				
				5.4 CF						
CITY-ST-ZIP		Ε	DELETE	6.1 TIT		<u> </u>		Change	Addition	1
NAME				6.2 NA	ME					1
STREET ADDRESS	[6.3 ST	REET	ADDRESS				1

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.