Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90047 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000083658

1. Corporation Name

ON THE SPOT MAINTENANCE, INC.

Principal Place of Business Mailing Address					ļ					
21320 SW 94 AVE 21320 SW 94 AVE										
MIAMI FL 33189 MIAMI FL 33189		MIAMI FL 33189					DO NOT WE	RITE IN THIS	SPACE	
		•			3.	Date Inc	orporated or Qualife		01/102	
2. Principal Pl	lace of Business	2a. Mailing Address			4.	. FEI Num			A	pplied For
21		26				65-	086600	<i>b</i>	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					e of Status Desired		\$8.75	Additional
22 27						Certificat	e or Status Desired		Fee R	Required
City & State	City & State	,			Election	Campaign Financing	, []		May Be	
23		28			<u></u>		nd Contribution			to Fees
Zip ຼັ	Country	Zip	Counti	ry	8.		poration owes the cu	irrent year Int		[7a]a
24	25 29 30			_		Personal Property Tax. Yes No . 10. Name and Address of New Registered Agent				
's	9. Name and Address of Current	Registered Agent	8	1 Name		, Maine a	ild Address of 146W	Kegistered	Agent	
DER	OGATIS, DENNIS		Ľ	144						
21320 SW 94 AVE			8	2 Street	Address (P.O. Box N	Number is Not Accep	otable)		
MIAMI FL 33189			8	3						
				" .						
	•		8					FL	.	Code
office or n agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligat	of Florida. Such change was auth ions of, Section 607.0505, Florida	onzed b Statute	y the con	oration's p	oard of dir	this statement for the rectors. I hereby acc	e purpose of ept the appoi	changing it ntment as r	s registered egistered
	Signature, typed or printed name of registered agent	```		eat signature	required when		NS/CHANGES TO C		ID DIRECT	ORS IN 12
12.	D OFFICERS AIN	DELETE	13.		Τ	ADDITIO	13/CHANGES TO C	T TOLING A	☐ Change	
NAME	DEROGATIS, DENNIS A	- Carrie	1.2 NAME		1				_ ,	
	21320 SW 94 AVE			- ET ADDRESS						
STREET ADDRESS	MIAMI FL 33189		1.4 CITY-		']					
CITY-ST-ZIP TITLE	D DELETE 21								∑ Change	- Addition
NAME	WEINER, JACQUELINE		2.2 NAME		DER	06at	is, JACO	ueline	2	
STREET ADDRESS	21320 SW 94 AVE			- ET ADORESS	2132	.0 'SL	0 94 AV	2	~	j
CITY-ST-ZIP	MIAMI FL 33189		2. 4 CITY		MIAN		33189			ļ
TITLE	1000 0000	☐ DELETE	3.1 TITLE		 		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			3.2 NAME	Ξ				•		
STREET ADDRESS			3.3 \$TRE	ET ADDRESS	;}					\
CITY-ST-ZIP			3.4. CITY	-ST-ZIP				77		
TITLE		.□ DĒLETĒ	4.1 TITLE	 :					☐ Change	Addition
NAME		,	4. 2 NAM	Ε.						}
STREET ADDRESS		. ,	4.3 STRE	ET ADDRESS	s		•			,
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CITY-	ST-ZIP	<u> </u>					
TITLE		☐ DELETE	5.1 TITLE						Change	Addition
NAME			5.2 NAM					٠,		Ì
STREET ADDRESS	-		5.3 STRE	ET ADDRESS	3					
CITY-ST-ZIP			5.4 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the Block 12 or Block 13 ment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

WITURE REQUIRED

DELETE

Change

Addition |