

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

94 JUL -6 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S09804 (3)

1. Corporation Name
N.M. PROPERTY MAINTENANCE, INC.

Mailing Address
**7004 NE 74TH AVENUE
TAMARAC FL 33327**

Principal Place of Business
**7004 NE 74TH AVENUE
TAMARAC FL 33327**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1404 N. State Road 7		26 1404 N. State Road 7		10/30/1990		05/01/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 # 119		27 # 119		65-0229282		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		6. Election Campaign Financing (Not Applicable)	
23 Margate, Florida		28 Margate, Florida		\$8.75 Additional Fee Required ☐		☐	
Zip		Zip		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐		\$5.00 May Be Added to Fees	
24 33063		25 Broward		30 Broward		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALINOWSKI, NAZARIUSZ
~~1440 N. STATE RD. 7~~
MARGATE FL 33063

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
1404 N. State Road 7 #119	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and how it is recorded

(If the registered agent's signature is required, it must be recorded)

Date

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP
	MALINOWSKI, JOHN	1444 N STATE RD 7	MARGATE FL				
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP
	MALINOWSKI, NAZARIUSZ	1444 N STATE RD 7	MARGATE FL		P/D	1404 N. State Road, 7, 119	Margate, Florida 33063
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY, ST, ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, 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.

SIGNATURE: *Nazariusz Malinowski* NAZARIUSZ MALINOWSKI 6/29/94
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 305 724-0359