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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

S65978

(6)

COMME	ercial maintenance s	ERVICE OF FLORIDA, INC				
Principal Place	e of Business	Mailing Address			4 18811815 116 84(8) 84119 1811 1889 1811 8	51811 BIBII BIBII BIBII PIBII 1891
11021 PANAMA DRIVE TAMPA FL 33625 US		P.O. BOX 261477 TAMPA FL 33685 US		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
- 5		A. Mailing Address			07/15/1991 4. FEI Number	Applied For
l.≡' ''		2a. Mailing Address	Mailing Address		•• -····	Not Applicable
21 26 Sulte, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.		59-3076187	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the	
24	25		10		Personal Property Tax due June 30.	Yes No
<u> </u>	g. Name and Address of Cur		81	Name	10. Name and Address of New Register	ec Agent
	RPORATION INFORMATION S	ERVICES INC.	°'	Name		
1201 HAYS STREET			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
TAL	LAHASSEE FL 32301		83			
			84	City		85 Zip Code
SIGNATURE	to the provisions of Sections 607.6 egistered agent, or both, in the Strong familiar with, and accept the ob-				orporation submits this statement for the purposition's board of directors. I hereby accept the acc	e of changing its registered appointment as registered
12.		AND DIRECTORS	13.	it adjustato to	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PVS	DELETÉ	1.1 TITLE			Change Addition
NAME	STEWART, DONALD		1.2 NAME			
STREET ADDRESS	11021 PANAMA DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP			
TITLE	TD	DELETE	2.1 TITLE			Change Addition
NAME	STEWART, DONALD		2.2 NAME			
STREET ADDRESS	11021 PANAMA DRIVE		2.3 STREET	ADDRESS	entra de la companya	
CITY-ST-ZIP	TAMPA FL		2. 4 CITY - S	T-ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		Monter	3.4. CITY-S1-ZIP			Change Addition
TITLE		☐ DELETE	4.1 TITLE			Li change Li Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP			Change Addition
TITLE		☐ OCTC1E	5.1 TITLE			CT CHENGO CT AUGILION
NAME CONTEST			52 NAME	ADDOCEC		
STREET ADDRESS			53 STREET			
CITY-ST-ZIP		☐ DELETE	5.4 CHY-ST-ZIP 6.1 TITLE			Change Addition
			6.2 NAME			
NAME expect anopece			63 STREET	MUDRECO		
STREET ADDRESS			64 CITY ST			

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 or an attachment with an address.

Donald Stewart

2/02/98

813 920-3890

FILED

Feb 09 1998 8:00am

Secretary of State

;R2E034 (10/97)