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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # \$73250

1. Corporation Name

P & P PROPERTY MAINTENANCE, INC.

| Principal Place   | e of Business   | Mailing Address   |  |  |                 | 1 10811010 111 10000 1   | (1)(0 3)00; Billy 0 | 811 81811 <b>8</b> 1811 61811 8 | <b>                                    </b> |
|---|---|---|--|--|-----------------|--|---------------------|---------------------------------|---|
| 10790 SW 44TI<br>MIAMI FL 3316<br>US  | -   | . 10790 SW 44TH ST<br>Miami FL 33165<br>US  |  | •  | -               | , DO N   | NOT WRITE I         | N THIS SPACE                    |   |
|   |   |   |  |  |                 | 3. Date incorporated or  | Qualifed            | ,                               |   |
|   |   |   |  |  |                 | 08/12/1991   |                     |                                 |   |
| 2. Principal P  | Place of Business   | 2a. Mailing Address   |  |  |                 | 4. FEI Number  |                     |                                 | Applied For                                 |
| 21  |   | 26  |  |  |                 | <u>65-0277811</u>  |                     |                                 | Not Applicable                              |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.   |  |  |                 | 5. Certifcate of Status D  | esired [            |                                 | 5 Additional<br>Required                    |
| City & State  | te  | City & State  |  |  |                 | 6. Election Campaign Fi  | - 1                 |                                 | 00 May Be                                   |
| Zip   | Country   | 28  | Coun   | tn   |                 | Trust Fund Contributi  |                     |                                 | ed to Fees                                  |
| ·   | 25  | 29  | 30   | u y  |                 | <ol><li>This corporation owe:<br/>Personal Property Ta</li></ol> |                     | year Intangible                 | □No   |
| 24  | 9. Name and Address of Current  |   | 30]  |  | <u></u>         | 10. Name and Address   |                     |                                 |   |
|   | A TOP OF THE PROPERTY OF THE P                |   | 1  | 31 Nam   |                 |  |                     |                                 |   |
| MAY   | O, KELLY  | 1971  | L.   | 20 01  |                 | (D.O. Davidson in Ma   | 4.44.64.            |                                 |   |
| 1079  | 90 SW 44TH ST.  | 11.3.3  | ['   | 32 Stre  | et Address      | (P.O. Box Number is No   | t Acceptable        | }                               |   |
| MIAI  | MI FL 33165   |   | 1  | 33   |                 |  |                     |                                 |   |
|   | •   |   | 1  | 34 City  | <del></del>     |  | * **                | FL 85 Z                         | ip Code                                     |
| a movement of the contraction of  | to the provisions of Sections CO7 0503  | 2 and 607 1509 Florido Stati  | than the ob-   |  | d comorat       | tion automita this statemen                                      | nt for the our      |                                 | ite ragistarad                              |
| office or r   | to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligate. | of Florida. Such change was   | authorized I   | by the co  | rporation's     | board of directors. I here                                       | eby accept th       | e appointment as                | registered                                  |
| ಾ agent.ia  |   |   |  |  |                 |  |                     |                                 |   |
| <u>-</u>  | arriamiar war, and dooopt the obligat   | lions of, Section 607.0505, Fr  | orida Statut   | es.  |                 |  |                     |                                 |   |
| SIGNATURE   | , ,   |   |  | es.  | re required whe | en reinstating)  |                     | DATE                            | <u> </u>                                    |
| SIGNATURE   | Signature, typed or printed name of registered agent  | t and title if applicable. (NOT   | e: Registered A  | es.  | re required whe | en reinstating)  ADDITIONS/CHANGE                                |                     |                                 | TORS IN 12                                  |
| SIGNATURE   | Signature, typed or printed name of registered agent  | t and title if applicable. (NOT   | E: Registered A  | es,<br>gent signatu  | re required whe |  |                     |                                 |   |
| SIGNATURE   | Signature, typed or printed name of registered agent  | t and title if applicable. (NOT<br>D DIRECTORS                                      | E: Registered A  | es.<br>gent signatu<br>E   | re required whe | ADDITIONS/CHANGE   |                     | RS AND DIREC                    |   |
| SIGNATURE 12.   | Signature, typed or printed name of registered agent OFFICERS ANI   | t and title if applicable. (NOT<br>D DIRECTORS                                      | E: Registered A  | es.<br>gent signatu<br>E   |                 | ADDITIONS/CHANGE   |                     | RS AND DIREC                    |   |
| SIGNATURE  12.  TITLE  NAME   | Signature, typed or printed name of registered agent OFFICERS AND P MAYO, KELLY   | t and title if applicable. (NOT<br>D DIRECTORS                                      | E: Registered A  13.  1.1 TITL  1.2 NAM  1.3 STR   | es.<br>gent signatu<br>E   |                 | ADDITIONS/CHANGE   |                     | RS AND DIREC                    |   |
| SIGNATURE  12. TITLE NAME STREET ADDRESS  | Signature, typed or printed name of registered agent OFFICERS AND P MAYO, KELLY 10790 SW 44TH ST                              | t and title if applicable. (NOT<br>D DIRECTORS                                      | E: Registered A  13.  1.1 TITL  1.2 NAM  1.3 STR   | es, gent signatu E E EET ADDRES  |                 | ADDITIONS/CHANGE   |                     | RS AND DIREC                    | ge  |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Signature, typed or printed name of registered agent OFFICERS AND P MAYO, KELLY 10790 SW 44TH ST                              | t and title if applicable. (NOT<br>D DIRECTORS                                      | E: Registered A  13. 1.1 TITL 1.2 NAM 1.3 STR  | es, gent signatu  E E E E T ADDRES   |                 | ADDITIONS/CHANGE   |                     | ERS AND DIREC                   | ge  |
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 01-22-1999 90048 046 \*\*\*150.00

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(305) *880-*7692