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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

1999	RPORATION	ONS	<u> </u>		
DOCUMENT # 5  1. Corporation Name  1. ANAINCARE MAINTENIA					
Principal Place of Business 3630 NW 118 AVENUE #5 CORAL SPRINGS FL 33065	Mai 3630	ling Address  NW 118 AVENUE #5 AL SPRINGS FL 33065			
					3. Date In
2. Principal Place of Business	2a.	Mailing Address			4. FEI Nu
[21]	26				65-02
Suite, Apt. #, etc.	. 27	Suite, Apt. #, etc.			5. Certifca
City & State	28	City & State		* 24 -s	a6. Election
		Zip	Country		8, This co
24 25	29	30	0		Person
	idress of Current Regist	ered Agent			10. Name
			81	Name	
LEPORE, THOMAS M	-		82	Street Addre	ss (P.O. Box
3630 NW 118 AVE. #			L		•
CORAL SPRINGS FL	33065		83		
			84	City	
11. Pursuant to the provisions of office or registered agent, or least l	ooth, in the State of Florida	a. Such change was auti	norized by	the corporation	ration submit

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90109 048 \*\*\*150.00

							<b>a</b> ii <b>a</b> ibii bibi	<b>   </b>		
Principal Place	of Business	М	ailing Address							
3630 NW 118 AVENUE #5 3630 NW 118 AVENUE #5										
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065			DO NOT WRITE IN THIS SPACE							
						3. Date Incorporated or Qualifed	<u>JI FIOL</u>			
						10/14/1991				
2. Principal Pl	ace of Business	2a.	. Mailing Address			4. FEI Number		Applied For		
21		26				65-0298499	1	Not Applicable		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5 Certificate of Status Desired	•	Additional		
22		27				5. Certifcate of Status Desired	Fee F	Required		
City & State	المرامران معهرها الماسيدين يوزيام		City & State		* _<	-= =6. Election Campaign Financing	\$5.06	<b>0</b> мау Ве		
23		28				Trust Fund Contribution	Added	to Fees		
Zip	- Country		Zip	Country		8. This corporation owes the current year Inta		_		
24	25	29	3	0		Personal Property Tax.	☐Yes	□No		
	9. Name and Address of Curre	nt Regis	stered Agent			10. Name and Address of New Registered A	lgent			
				81	Name					
	DRE, THOMAS M			82	82 Street Address (P.O. Box Number is Not Acceptable)					
	NW 118 AVE. #5			["						
COR	AL SPRINGS FL 33065			83				ļ		
				84	City		85 Zip	o Code		
					City		.     _ `			
agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	02 and 6 of Flori ations of	507.1508, Florida Statutes da. Such change was aut f, Section 607.0505, Florid	, the abov horized by la Statutes	e-named co the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoir	changing i itment as	ts registered registered		
SIGNATURE	Signature, typed or printed name of registered age	ent and title	if applicable. (NOTE: R	Registered Age	nt signature requ	ired when reinstating) DATE				
12.	OFFICERS AI			13.		ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	P		☐ DELETE	1.1 TITLE			Change	e Addition		
NAME	LEPORE, THOMAS M			1.2 NAME		·				
STREET ADDRESS	3630 NW 118 AVENUE #5			1.3 STREE	TADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL 33065			1.4 CITY-S	T-ZIP					
TITLE			☐ DELETE	2.1 TITLE			Change	e Addition		
NAME				2.2 NAME	1			\		
STREET ADDRESS				2.3 STREE	T ADDRESS					
				2. 4 CITY-						
CITY-ST-ZIP		<u> </u>	DELETE	- 3,1.TITLE-			Change	e Addition		
NAME		.—	<u> </u>	3.2 NAME	٠	·		ļ		
STREET ADDRESS	. ^				TADDRESS			<b>\</b>		
CITY-ST-ZIP	:			3.4. CITY-	1			_ ]		
TITLE			☐ OELETE	4.1 TITLE			Change	e Addition		
NAME				4. 2 NAME				Į.		
STREET ADDRESS				4.3 STRFF	T ADDRESS					
				4.4 CITY-S				ţ		
TITLE			☐ DELETE	5.1 TITLE			☐ Chang	e [] Addition		
NAME			_	5.2 NAME				ľ		
]					TADDRESS					
STREET ADDRESS				5.4 CITY-S						
C(TY-ST-ZIP	<u> </u>		☐ DELETE	6.1 TITLE	-		☐ Chang	e Addition		
TITLE			C. Deterie	6.2 NAME						
NAME				1	TADDRESS					
STREET ADDRESS				0.5 3 IREE	ADDRESS					

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-345-5296