FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:55

DOCUMENT # **V24822** **(1)**

1. Corporation Name
SPARTAN MAINTENANCE, INC.

Principal Place of Business	Mailing Address
1883 NW 94TH AVE. SUITE 212 CORAL SPRINGS FL 33071	1883 NW 94TH AVENUE, SUITE 212 SUITE 212 CORAL SPRINGS FL 33071 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1992
3a. Date of Last Report: 05/24/1994

2. Principal Place of Business	2a. Mailing Address
21 5100 N.W. 76th Place	26 5100 N.W. 76th Place
22 Suite, Apt. #, etc. Pompano Beach	27 Suite, Apt. #, etc. Pompano Beach
23 City & State FL 33073	28 City & State FL. 33071
24 Zip	25 Country
29 Zip	30 Country

4. FEI Number: 65-0408777 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HANSBERRY, GENIE 1746 NW 55TH AVE. #203 LAUDERHILL FL 33313	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	CLARKE, DERYCK	12 NAME		
STREET ADDRESS	1883 NW 94TH AVE, SUITE 212	13 STREET ADDRESS		
CITY ST ZIP	CORAL SPRINGS FL	14 CITY ST ZIP		
TITLE	T	21 TITLE	Director	☑ Change ☐ Addition
NAME	CLARKE, D. M	22 NAME	D. M. CLARKE	
STREET ADDRESS	1883 NW 94TH AVENUE, SUITE 212	23 STREET ADDRESS	5100 NW 76th Place	
CITY ST ZIP	CORAL SPRINGS FL	24 CITY ST ZIP	Pompano Beach FL 33073	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	CLARKE, GLORIA	32 NAME		
STREET ADDRESS	1883 NW 94TH AVENUE, SUITE 212	33 STREET ADDRESS		
CITY ST ZIP	CORAL SPRINGS FL	34 CITY ST ZIP		
TITLE		41 TITLE	Treasurer	☐ Change ☑ Addition
NAME		42 NAME	Gloria Clarke	
STREET ADDRESS		43 STREET ADDRESS	1871 NW 94th Ave #112	
CITY ST ZIP		44 CITY ST ZIP	Coral Springs FL 33071	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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.

SIGNATURE: Gloria Clarke GLORIA CLARKE 4/8/95 305 4290601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0114672 CP