

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V24822** (1)

1. Corporation Name

SPARTAN MAINTENANCE, INC.



Principal Place of Business

Mailing Address

**5100 NW 76TH PLACE
SUITE 212
POMPANO BEACH FL 33073
US**

**5100 NW 76TH PLACE
SUITE 212
POMPANO BEACH FL 33073
US**

3. Date Incorporated or Qualified

03/27/1992

3a. Date of Last Report

04/13/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANSBERRY, GENIE
4746 NW 55TH AVE.
#203
LAUDERHILL FL 33313**

8

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

**5100 NW 76th Place
Pompano Beach FL**

84

City

FL

85

Zip Code

33073

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

GLORIA CLARKE

Gloria Clarke

4/18/96

Signature typed or printed name of registered agent and the corporation

(If not a Registered Agent, signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

P

CLARKE, DERYCK

4883 NW 94TH AVE, SUITE 212

CORAL SPRINGS FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D

CLARKE, D. M

5100 NW 76TH PLACE

POMPANO BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

S

CLARKE, GLORIA

4883 NW 94TH AVENUE, SUITE 212

CORAL SPRINGS FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

T

SHIM, ALBERT

1871 NW 94TH AVE #112

CORAL SPRINGS FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

**5100 NW 76th Place
Pompano Beach FL 33073**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

**5100 N.W. 76 Place
Pompano Beach FL 33073**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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)(g), 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

4/18/96

954 429 0601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone Number

CR2E034 (12/95)