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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # **V26689**

(2)

1. Corporation Name

MAINTENANCE MASTERS OF CENTRAL FLORIDA, INC.

2973 VINELAND ROAD KISSIMMEE FL 34748 US			1		
03					
SSIMMEE FL 34741 US			3. Date incorporated or Qualified 04/07/1992	3a. Date of Last Report 04/19/1995	
2a. Mailing Address			4. FEI Number		Applied For
26			59-3118350		Not Applica
Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additional Fee Required
City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip	———	у	Florida Statutes	□ No	
	1001		10. Name and Address of New R	tegistered Ager	nt
	8	Name			
STYLES, JEAN E. 2973 VINELAND ROAD KISSIMMEE FL 34746		2 Street Addr	dress (P.O. Box Number is Not Acceptable)		
		3			
		1		FL 8	
	TE. Registered Ag	gent signature require	nd when reinstaling) ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIF	
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1	City & State 28 Zip 29 ant Registered Agent 22 and 607.1508, Florida Statute 23 and 607.1508, Florida Statute 24 and 607.0506, Florida Statutes 25 and 607.0506, Florida Statutes 26 and and little if applicable [NO] 27 DELETE	City & State 28 Zip 29 30 ant Registered Agent 8: 8: 8: 8: 8: 8: 8: 8: 8: 8	City & State 28 Zip Country 29 30 ant Registered Agent 81 Name 82 Street Add 83 84 City Divide Statutes, the above-named corporation's boat ction 607.0505, Florida Statutes, the above-named corporation of Statutes. City Divide Statutes and Statutes of Statutes of Statutes. City Divide Statutes of Statutes of Statutes of Statutes. City Divide Statutes of Statutes of Statutes of Statutes of Statutes. City Divide Statutes of	City & State 28 Zip Zip Zountry 30 Country 8. This corporation has liability for in Florida Statutes Florida Statutes 10. Name and Address of New F 81 Name 82 Street Address (P.O. Box Number is Not Acceptated Agent Such change was authorized by the corporation's locard of directors. I hereby accept the apportion 607.0505, Florida Statutes. PNOTE: Registered Agent Signature required when relievating in the process of the pro	City & State Zip

SIGNATURE:

DNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

4. 17-96

407-396262