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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

## **Katherine Harris** Secretary of State

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90004 020 \*\*\*150.00

Corporation	MENT # V28305 MAINTENANCE, INC.					
Principal Place	e of Business	Mailing Address			III ATOIT OIRII OTOIT I	
2300 GRIFFIN F		2300 GRIFFIN RD.				
SUITE 10D SUITE 10D				DO NOT WRITE IN THIS SPACE		
DANIA FL 3331	2	DANIA FL 33312		3. Date Incorporated or Qualifed	113 SPACE	
				04/14/1992	•	Ì
2 Principal Di	ace of Business	2a. Mailing Address		4. FEI Number	I Ar	plied For
21	ace of Dasiness	26		65-0319739	<u> </u>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>	_	\$8.75	Additional
22		27		5. Certifcate of Status Desired	Fee Re	equired
City & Stat	e ,	City & State		6. Election Campaign Financing		May Be
23	<u> </u>	28		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		NZ/NI-
24	25	29 3	0	Personal Property Tax.  10. Name and Address of New Register	Yes ad Agent	MNo
<del></del>	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	ou Agent	
MAL	OUIN, EDMOND			EUTSCH BRIC	71/1E	
2300 GRIFFIN RD.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	# 10	カー
SUITE 10D			83	00 000000		
DANIA FL 33312						
			84 City 7	DNIA F		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.						registered egistered
=	Min the state of t	The Di	DECTAR	3/1:	2/99	Į
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature required			
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	DEUTSCH, BRIGITTE		1.2 NAME			
STREET ADDRESS	2300 GRIFFIN RD. #10D	_	1.3 STREET ADDRESS			Ì
CITY-ST-ZIP	DANIA FL 33313		1.4 CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	2.1 TITLE		L_] Criange	
NAME			2.2 NAME			Į.
STREET ADDRESS			2.3 STREET ADDRESS	•		1
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		[] Change	Addition
TITLE			3.2 NAME			_ ,
			3.3 STREET ADDRESS			Ì
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME	•		4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	•	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			)
STREET ADDRESS			5.3 STREET ADDRESS		•	]
CITY-ST-ZIP		·	5.4 CITY-ST-ZIP	<u> </u>		
TITLE		C) DELETE	6.1 TITLE	•	Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	•		
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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.

SIGNATURE: