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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V60063**

1. Corporation Name

Principal Place of Business	Mailing Address	
6613 N 11 ST TAMPA FL 33604	6613 N 11 ST TAMPA FL 33604	

FILED Feb 15, 1999 8:00am **Secretary of State**

02-15-1999 90023 023 ***150.00

PROFES	SIONAL MAINTENANCE	MANAGEMENT, INC.	<u></u>						
Principal Place	e of Business	Mailing Address					- ,		
6613 N 11 ST		6613 N 11 ST							
TAMPA FL 33604 TAMPA FL 33604				DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed	<u> </u>		
						08/24/1992			
a Dringing D	lace of Business	2a. Mailing Address				4, FEI Number		1	Applied For
 i	lace of Business	26	_			59-3141783			Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, et	tc.		~			\$8.75	Additional
22	n, o.o.	27				5. Certificate of Status Desired		Fee	Required
City & State	e	City & State		_		6. Election Campaign Financing		\$5.0	May Be
23	٠	28				- Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the curre	nt year Intar	igible	
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Cu	urrent Registered Agent		 		10. Name and Address of New Re	egistered A	gent	
045	ADMEDIAL DAME (OIM)			81	Name				
	ILEVALE, DAVID JOHN	•		82	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)		
	3 N 11 ST			Ш		A STATE OF THE STA	650 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to the grant 19th
IAM	IPA FL 33604			83					
				84	City	* * * * * * * * * * * * * * * * * * *		85 Zi	p Code
							<u>FL</u>	Щ.	
					-named corpo he corporation	oration submits this statement for the price board of directors. I hereby accept	the appoint	ment as	registered
office or r agent. I a SIGNATURE	registered agent, or both, in the sam familiar with, and accept the o	State of Florida. Such change bligations of, Section 607.05 ed agent and title if applicable.	(NOTE: Registered	utes.	tie corporation	when reinstating)	DATE		
office or r agent. I a SIGNATURE	registered agent, or both, in the sam familiar with, and accept the o	State of Florida. Such change obligations of, Section 607.05	(NOTE: Registered	d Agent	tie corporation	:	DATE		TORS IN 12
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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 justice 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 attactiment with an address, with all other like empowered.

SIGNATURE: