

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 # **V68989** (5)

1. Corporation Name

MAINTENANCE MANAGEMENT ENTERPRISES, INC.



Principal Place of Business

Mailing Address

2100 SE OCEAN BLVD.
SUITE 202
STUART FL 34996
US

P.O. BOX 2274
STUART FL 34996-2274

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/29/1992

3a. Date of Last Report

03/30/1995

4. FEI Number

65-0361648

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

10. Name and Address of New Registered Agent

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

Signature of officer or principal named or registered agent (handwritten signature)

Signature of new registered agent (handwritten signature)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARATTA, ROBERT O	
STREET ADDRESS	21 S.E. HARBOR POINT DR.	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BARATTA, GREGG	
STREET ADDRESS	21 S.E. HARBOR POINT DR.	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARATTA, SCOTT	
STREET ADDRESS	21 S.E. HARBOR POINT DR.	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARATTA, CAROL	
STREET ADDRESS	21 S.E. HARBOR POINT DR.	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MORTELL, MELISSA A.	
STREET ADDRESS	417 KRUEGER PARKWAY	
CITY-ST-ZIP	STUART FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TAYLOR, WM. F	
STREET ADDRESS	2100 SE OCEAN BLVD., SUITE 202	
CITY-ST-ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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:

Robert O. Baratta

ROBERT O. BARATTA

4-8-96

407-287-6264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)