

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

04-23-1999 90099 001 ***150.00

DOCUMENT # V68989

1. Corporation Name

MAINTENANCE MANAGEMENT ENTERPRISES, INC.

Principal Place of Business

2100 SE OCEAN BLVD.
STE 103
STUART FL 34996
US

Mailing Address

P.O. BOX 2274
STUART FL 34995-2274

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 Flamingo Avenue

Suite, Apt. #, etc.

City & State

Stuart, Florida

Zip

34996

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

City & State

28

Zip

29

Country

30

Country

3. Date Incorporated or Qualified

09/29/1992

4. FEI Number

65-0361648

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MORTELL, EDWIN E., III
2100 SE OCEAN BLVD
STE 103
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name

Mortell, Edwin E., III

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

400 Flamingo Avenue

83

84 City

Stuart

FL

85 Zip Code

34996

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

Edwin E. Mortell, III

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/99

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|---------------------|--------------------------|-----------------|--------------------------|
| PD | BARATTA, ROBERT O | 21 S.E. HARBOR POINT DR. | STUART FL | <input type="checkbox"/> |
| VD | BARATTA, SCOTT | 21 S.E. HARBOR POINT DR. | STUART FL | <input type="checkbox"/> |
| SD | BARATTA, CAROL | 21 S.E. HARBOR POINT DR. | STUART FL | <input type="checkbox"/> |
| TD | MORTELL, MELISSA A. | 417 KRUEGER PARKWAY | STUART FL | <input type="checkbox"/> |
| V | PARKER, RONALD C | 3571 S.E. COURT DRIVE | STUART FL 34997 | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

124 SE Wells Road
Stuart FL 34996

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:

ROBERT O. BARATTA, III

Date

4/21/99

Daytime Phone #

561-287-6264

CR2E034 (11/98)