

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K99142** (7)
1. Corporation Name
CLEAN SWEEP PAINTING AND PRESSURE CLEANING, INC.



Principal Place of Business Mailing Address
5840 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

3. Date Incorporated or Qualified **06/29/1989** 3a. Date of Last Report **06/20/1995**
4. FEI Number **65-0141663** 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. 193.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 **166 MEADOWLARK DRIVE** 26 **166 MEADOWLARK DRIVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Royal Palm Beach, FL** 28 **Royal Palm Beach, FL**
Zip Country Zip Country
24 **33411** 25 **Palm Beach** 29 **33411** 30 **Palm Beach**

9. Name and Address of Current Registered Agent
ARNOLD, RUTH
5840 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH FL 33411

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 typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, RUTH L.	12 NAME	
STREET ADDRESS	5840 ROYAL PALM BCH BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, VAUGH R., III	22 NAME	
STREET ADDRESS	5840 ROYAL PALM BCH BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	D ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	LIFSHITZ, BARBRA	32 NAME	
STREET ADDRESS	166 MEADOWLARK DR	33 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	34 CITY-ST-ZIP	
TITLE	D ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	LIFSHITZ, MICHAEL	42 NAME	
STREET ADDRESS	12621 WESTHAMPTON CIR.	43 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-96

407-793-1509

CR2E034 (3/96)