

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 1:06

DOCUMENT # **L15997** (4)

To: Corporation Name

CORAL PARK CLEANING SERVICE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4773 NW 58TH TERRACE
CORAL SPRINGS FL 33067 **33067**

4773 NW 58TH TERRACE
CORAL SPRINGS FL 33067
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/11/1989	3a. Date of Last Report 05/01/1994
21. State Apt. #, etc.	26. State Apt. #, etc.	4. FEI Number 65-0144539		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	25. Country	29. Country		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

IBRAHIMOVIC, LUZ
4773 NW 58TH TERRACE
CORAL SPRINGS FL 33067 **30676 33067**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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: _____ (Print or type name of person signing document) _____ (Print or type name of person signing document)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME DPT IBRAHIMOVIC, LUZ	12.2 STREET ADDRESS 4773 NW 58TH TERRACE CORAL SPRINGS FL	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 CITY, STATE, ZIP		13.2 NAME	
12.4 CITY, STATE, ZIP		13.3 STREET ADDRESS	
12.5 CITY, STATE, ZIP		13.4 CITY, STATE, ZIP	
12.6 NAME		13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME		13.6 NAME	
12.8 STREET ADDRESS		13.7 STREET ADDRESS	
12.9 CITY, STATE, ZIP		13.8 CITY, STATE, ZIP	
12.10 NAME		13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME		13.10 NAME	
12.12 STREET ADDRESS		13.11 STREET ADDRESS	
12.13 CITY, STATE, ZIP		13.12 CITY, STATE, ZIP	
12.14 NAME		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 NAME		13.14 NAME	
12.16 STREET ADDRESS		13.15 STREET ADDRESS	
12.17 CITY, STATE, ZIP		13.16 CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.1508, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report, true and accurate and that my signature shall make this filing effective. I am of legal age and have no other office or director of this corporation or have never or have been empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of directors of this corporation with an address.

SIGNATURE: *[Signature]*

PRINT OR TYPE NAME OF SIGNING OFFICER OR DIRECTOR

4-24/95 (305) 7529952