

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

APPROVED AND FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # *P930000 5084*
1. Corporation Name
TOK CLEANING SERVICES CORPORATION

Principal Place of Business Mailing Address
670 31st St. S.W. "Same"
Naples, Fl 33964

3. Date Incorporated or Qualified **7/21/93** 3a. Date of Last Report

2. Principal Place of Business 21 670 31st St SW	2a. Mailing Address 26 "Same"	4. FEI Number 65-0460590	Applied For Not Applicable
22 Suite, Apt #, etc	27 Suite, Apt # etc	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State Naples, Fl	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 ZIP 33964 25 Country	29 ZIP Country	30	8. This corporation has liability for intangible tax under S 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent Tok Ruiz 670 31st St. S.W. Naples, Fl 33964	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
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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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Tok Ruiz	2. NAME	2. NAME	
STREET ADDRESS 670 31st St. S.W.	3. STREET ADDRESS	3. STREET ADDRESS	
CITY, ST, ZIP Naples, Fl 33964	4. CITY, ST, ZIP	4. CITY, ST, ZIP	
TITLE Secretary/Treasurer	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Felix Ruiz	6. NAME	6. NAME	
STREET ADDRESS 670 31st St. S.W.	7. STREET ADDRESS	7. STREET ADDRESS	
CITY, ST, ZIP Naples, Fl 33964	8. CITY, ST, ZIP	8. CITY, ST, ZIP	
TITLE	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10. NAME	10. NAME	
STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS	
CITY, ST, ZIP	12. CITY, ST, ZIP	12. CITY, ST, ZIP	
TITLE	13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14. NAME	14. NAME	
STREET ADDRESS	15. STREET ADDRESS	15. STREET ADDRESS	
CITY, ST, ZIP	16. CITY, ST, ZIP	16. CITY, ST, ZIP	
TITLE	17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18. NAME	18. NAME	
STREET ADDRESS	19. STREET ADDRESS	19. STREET ADDRESS	
CITY, ST, ZIP	20. CITY, ST, ZIP	20. CITY, ST, ZIP	

*5/1/95
MR*

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)(b), 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 as an attachment with an address.

SIGNATURE: **TOK RUIZ** President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tok Ruiz

4-29-95 *3534015*