

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norstrom
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY -1 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000082869 (6)**

1. Corporation Name

SPRING CLEANING HOME SERVICES, INC.

Do Not Fill Write In Text Space

Principal Office Address	Mailing Address
200 NW 78TH TER PEMBROKE PINES FL 33024	200 NW 78TH TER PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified	3b. Date of Last Report
11/14/1994	
4. FEI Number	Applied For Not Applicable
65-0531440	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
☐	
7. This corporation has not only been organized but also has begun business in Florida	Yes ☐ No ☒

2. Name of each of Registrars	2a. Mailing Address
21	26
State, Apt. # etc.	State, Apt. # etc.
22	27
City & State	City & State
23	28
24	25
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROCK, BERTA
200 NW 78TH TER
PEMBROKE PINES FL 33024**

81. Name	85. Zip Code
82. Street Address, if C. Box Number is Not Applicable	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607 (2)(c) and 607 (1)(b) Florida Statutes, the above named corporation certifies the 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 standing with and accept the obligations of Section 607 (2)(c) Florida Statutes.

SIGNATURE

Signature of Registered Agent or Agent in Charge (If Registered Agent is a corporation, the signature of the president or officer in charge of the corporation must be obtained.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D BROCK, BERTA 200 NW 78TH TER PEMBROKE PINES FL 33024	1. TITLE	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	
CITY & STATE		3. STREET ADDRESS	
ZIP CODE		4. CITY & STATE	
NAME		5. TITLE	☐ Change ☐ Addition
STREET ADDRESS		6. NAME	
CITY & STATE		7. STREET ADDRESS	
ZIP CODE		8. CITY & STATE	
NAME		9. TITLE	☐ Change ☐ Addition
STREET ADDRESS		10. NAME	
CITY & STATE		11. STREET ADDRESS	
ZIP CODE		12. CITY & STATE	
NAME		13. TITLE	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	
CITY & STATE		15. STREET ADDRESS	
ZIP CODE		16. CITY & STATE	
NAME		17. TITLE	☐ Change ☐ Addition
STREET ADDRESS		18. NAME	
CITY & STATE		19. STREET ADDRESS	
ZIP CODE		20. CITY & STATE	

14. The undersigned hereby certifies that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 170 (2)(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 prior to the filing of this report or of the corporation or the receipt of the report or the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a if changed, or as an attachment with an address.

SIGNATURE: *Berta Brock* **Berta Brock** 4/8/95 9632657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR