

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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90012 043 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000040419**

1. Corporation Name  
**SERVICE SOLUTIONS CLEANING SERVICE, INC.**

Principal Place of Business 3908 BELMOOR DRIVE PALM HARBOR FL 34685	Mailing Address 3908 BELMOOR DRIVE PALM HARBOR FL 34685
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4500 140th AVE.	26 4500 140th AVE.			05/05/1998	
22 216	27 216	4. FEI Number		Applied For	
23 Clearwater Florida	28 Clearwater, Florida	59-3508373		Not Applicable	
24 33762 25 US	29 33762 30 US	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
		<input type="checkbox"/>			
		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
		<input type="checkbox"/>			
		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COSNOW, JEFFREY E**  
**3450 EAST LAKE ROAD**  
**PALM HARBOR FL 34685**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RAFTER, CLIFF	
STREET ADDRESS	3908 BELMOOR DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	RAFTER, JENNIFER	
STREET ADDRESS	3908 BELMOOR DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAFTER, CLIFF	
STREET ADDRESS	4500 140th AVE Suite 216	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RAFTER, Jennifer	
STREET ADDRESS	4500 140th AVE Suite 216	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 *Jennifer Rafter* **Jennifer Rafter** 2/16/99 727-507-9482  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)