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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

F41675

(2)

ALL CLEANING SERVICES, INC.

**FILED** Apr 17 1996 8:00 am Secretary of State

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		**							
Principal Place of Business Mailing Address						(111 4162) 11419 \$1111 (435	, eist eist <u>e</u> i		·
% JAMES DALY % JAMES DALY 4331 NE 4TH AVENUE 4331 NE 4TH AVENUE									
BOCA RATON FI		BOCA RATON FL 33431	-5003						
						3. Date incorporated or Qualified 08/24/1981		e of Last F <b>3/21/19</b>	
2. Principal Place	of Business	2a. Mailing Address	ໆ						Applied For
21 Suite, Apt. #, et		26 Cuita Ant 4 at							Not Applicable
22 Suite, Apr. #, et	ic.	27 State, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	<del></del> 1			6. Election Campaign Financing	\$5.00 May Be		
Zio Comba		28	· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution	Added to Fees		
Zip <b>24</b>	Country 25	Zip 29	Cour	ntry		8. This corporation has liability for i	intangible t No	ax under s	199.032,
	, Name and Address of Cu		130]		<del></del>	10. Name and Address of New R	man -	Agent	
				81	Name		- <b>B</b> . O. C. C. C	- gom	
DALY, JAMI	ES		-	82	Ctrock Andal	ess (P.O. Box Number is Not Acceptab	10)		
4331 NE 41			<b>62</b>   St			DSS (1 . C. DOX MUITIDET IS NOT ACCEPTED	10)		
BOCA RATI	ON FL		[	83					
			}	84	City			85 Z	ip Code
11. Purguant to the	e provisions of Sections 607.0	1500 and 607 1509. Florida Statuta	e the sha		nomad some	otion submite this state and facility	FL	•	
or registered a	igent, or both, in the State of F	lorida. Such change was authorize	d by the c	orpo	oration's boar	ation submits this statement for the pur rd of directors. I hereby accept the appe	pose of ch bintment as	anging its registered	registered onic d agent. I am
	riu accept the obligations of, S	section 607.0505, Florida Statutes.				. 1 .	lan	_	
SIGNATURE: Signa	iture, typed or printed name of jugistered in	agent and title if applicable (NOT)	E Registered	Agen	t signature required	d wher reinstation	/45.		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AN	DIRECTO	DRS IN 12
4	DVP	☐ DELETE	DELETE 1 1 TITLE					Change	Addition
	DALY, JAMES		1.2 NA	ME					
l l	4331 NE 4TH AVE		13 STF	REET	ADDRESS				
	BOCA RATON FL	had belete	DELETE 0.45775		1 - 7IP				
TITLE NAME		☐ DELETE	2 1 111				[	Change	Addition
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CITY-ST-ZIP					ADDRESS				
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NAME		J	3 2 NA						- Notified
STREET ADDRESS					ADDRESS				
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TITLE		DELETE	4. 1 1(1	4. 1 TITLE				Change	Addition
NAME			4.2 NA	ME					
STREET ADDRESS			4.3 STF	REET.	ADDRESS				
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NAME							L	Change	Addition
STREET ADDRESS			62 NA		ADDRESS	•			
CITY-ST-ZIP									
<del></del>	rtify that the information suppli	ed with this filing is voluntarily furnis	64 CIT			or the exemption stated in Section 1107	17/2VIA FIA	elala Ctatul	too I findbar

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SIGNATURE: OFFICER OR DIRECTOR