## 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

ANNUAL REPUR
1996

DOCUMENT #

1. Corporation Name

(0)

Principal Place of Business   Mailing Address	BEST C	CLEANING SERVICE OF TH								
PALM BCH. GARDENS FI. 33418  PALM BCH. GARDENS FI. 33418  2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Principal Place of Business 2d. Mailing Address 2d. Mailing Address 2d. Mailing Address 2d. Mailing Address 2d. Apr. #, etc. 2d. SURC, Apr. #, etc. 2d. Surce, Apr. #, etc. 2d. Country 2d. Document and Address of Courset Registered Agent 2d. Palma Bch. Gardens Surce, Apr. #, etc. 2d. Country 2d. Document and Address of Courset Registered Agent 2d. Registered Address of Registered Agent 2d. Registered Agent 2d. Registered Address of Registered Agent 2d. Registered Agent 2d. Registered Address of Registered Agent 2d. Registered Agent	Principal Place	of Business	Mailing Address	Mailing Address					14 81811 91811	01911 61811 1861
2. Principal Place of Business   2a, Mailing Address   2b, Mailing Address   2c, Mailing		=								
Surfic, Apt. #, etc.										
Suite, Apl. #, etc.    Suite, Apl. #, etc.   Suite, Apl. #, etc.   Si. Certificate of Status Desired   Repetited   Fee Required	2. Principal Pla	ce of Business	2a. Mailing Address	2a. Mailing Address						
City & State   Country   Zip   Country   Zip   Country   Zip   Sign   Country   City   City   City   Country   Zip   Sign   Country   City			<del>-     </del>	26			65-0325802			Not Applicable
City & State    City & State   City		, etc.	· · ·				5. Certificate of Status Desired			
2p Country 2p Country 2p Country 2p Country 8. This corporation has liability for intengible tax under a 199 (302, Plonida Statutes   Yes   D240    9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 1517 1STH LANE PALM BCH. GARDENS FL 33418    82 Street Address (P.O. Box Number is Not Acceptable)    11. Pursuent 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 deficing 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    Synchrom typed or priced ratins of registered agent in the Agriculture    POTE Registered Agent speaker registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE    Synchrom typed or priced ratins of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE    Synchrom typed or priced ratins of registered agent. I am familiar with agent priced agent speaker registered agent		· · · · · · · · · · · · · · · · · · ·	<del>  </del>				П			
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D'AMBROSIO, BOB 1517 15TH LANE PALM BCH. GARDENS FL 33418  83  11. Pursue 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 office remiter with, and accept the obligations of, Section 607.0506, Florida Statutes.  SIGNATURE SIGNATURE OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2  PUBLISHED BORDES STREET AUDRESS ONLY-SI-ZP  DELETE 1.1 TITLE PUBLISHED BORDES 1.2 PALM BCH GARDENS FL 1.4 CITY-SI-ZP  1.1 TITLE 1.2 CARDEN BCH GARDENS FL 1.4 CITY-SI-ZP  1.1 TITLE 2.2 SIGNATURE 2.2 NAME 2.3 SIRRET AUDRESS 01Y-SI-ZP  1.1 TITLE 2.2 NAME 3.3 SIRRET AUDRESS 01Y-SI-ZP  1.1 TITLE 2.3 SIRRET AUDRESS 01				130]	Ι					
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PALM BCH. GARDENS FL 33418    83					82	Street Addres	ss (P.O. Box Number is Not Acceptab	le)		
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SIGNATURE	11. Pursuant to or registere familiar with	o the provisions of Sections 607.0502 of agent, or both, in the State of Floric n, and accept the obligations of, Secti	and 607.1508, Florida Statu da. Such change was authori on 607.0505, Florida Statute	ites, the abo zed by the is.	ove-n	amed corporal oration's board	tion submits this statement for the pur of directors. I hereby accept the appo	pose of ch pintment as	anging its registered	egistered office agent, I am
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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)(k), 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	14. I do hereby	certify that the information supplied v	with this filing is voluntarily fur	nished and	does	s not qualify for	r the exemption stated in Section 119.	07(3)(k), Fk	orida Statut	es. I further

agh; that I am an officer or director of the exproporation or the receiver or frustee empowered to execute this appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE:

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 407-627-8411
Date Degrine Proce #