Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90088 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F41675

1. Corporation Name

ALL CLEANING SERVICES, INC.

| Principal Plac | e of Business | Mailing Address | | r raddings best didds (inch dist) raddi sint dinter gress didti dinte gress dinter | 100) |
|---|--|--------------------------|-----------------------------------|--|----------|
| % JAMES DALY | | % JAMES DALY | | | |
| 4331 NE 4TH AVENUE | | PO BOX 431 | | | |
| 1 | | BOCA RATON FL 33429-0431 | | DO NOT WRITE IN THIS SPACE | |
| | | US | | 3. Date Incorporated or Qualified 08/24/1981 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number Applied Fo |). |
| 21 % JAMES DALY | | 26 | | 59-2119837 X Not Applica | able |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | \$8.75 Additions | al |
| 22 7332 | BARLAKE Dr. | 27 | | 5. Certificate of Status Desired Fee Required | |
| City & State City & State | | City & State | | 6. Election Campaign Financing \$5.00 May Be | , |
| 23 BOCARATON, FLA 28 | | 28 | | Trust Fund Contribution Added to Fees | |
| Zip Country Zip | | Zip | Country | 8. This corporation owes the current year Intangible | |
| 24 33433 25 USA. 29 3 | | 0 | Personal Property Tax. ☐ Yes 🔀 No | | |
| | 9. Name and Address of Currer | ıt Registered Agent | | 10. Name and Address of New Registered Agent | |
| DALY JAMES | | | | | |
| DALY, JAMES | | | 82 Street | Address (P.O. Box Number is Not Acceptable) | |
| 4331 NE 4TH AVENUE | | | 233 | | |
| ВОС | A RATON FL | | 83 | | |
| | | | 84 City ; | 3 Zip Code | \dashv |
| | | | | Boca Ration FL 85 33433 | |
| 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 James Oaly | | | | | |
| CIGITATORE | Signature, typed or printed name of registered age | | egistered Agent signature r | required when reinstating) DATE | • |
| 12. | | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 | |
| TITLE | DVP | ☐ DELETE | 1.1 TITLE | | ddition |
| NAME | DALY, JAMES | | 1.2 NAME | DALY, JAMES 23321 BARLAKE ORIVE | |
| STREET ADDRESS | 4331 NE 4TH AVE | | 3 STREET ADDRESS | 23321 Meen he unive | |
| CITY-ST-ZIP | BOCA RATON FL | | 1.4 CITY-ST-ZIP | BOLA RAJON, PLA 33433 | |
| TITLE | | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Ad | dition |
| NAME | | 1 | 2.2 NAME | , | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | , | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | i |
| TITLE | | ☐ DELETE | 3.1 TITLE | Change \ \ Ad | dition |
| NAME . | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | ļ |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Ad | dition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Ad | idition |
| NAME | | | 5.2 NAME | | Ì |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | ł |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | . ☐ Change ☐ Ad | dition |
| NAME | | | 6.2 NAME | | ŀ |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | • | } |
| CITY-ST-ZIP | | • | 6.4 CITY-ST-ZIP | | ì |

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: