

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthorn  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 28 PM 1:57

DOCUMENT # **432265** (7)

1. Corporation Name  
**SOUTH DADE WINDOW CLEANING, INC.**

Principal Place of Business: **C/O STANLEY THAW, 1831 N.W. 104TH AVENUE, PEMBROKE PINES FL 33026**  
Mailing Address: **C/O STANLEY THAW, 1831 N.W. 104TH AVENUE, PEMBROKE PINES FL 33026**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/06/1973**      3a. Date of Last Report: **03/22/1994**  
4. FEI Number: **59-1478549**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Branch or Place of Business: **21**      2a. Mailing Address: **26** *C/O Jacoby & Carnoy (PA's)*  
**22**      **27** *4401 SW 87 Ave #204*  
**23**      City & State: **28** *Miami, FL*  
**24**      Zip: **25**      Country: **29** *33173*      **30**      Country:

9. Name and Address of Current Registered Agent  
**THAW, STANLEY  
1831 N.W. 104TH AVENUE  
PEMBROKE PINES FL 33026**

10. Name and Address of New Registered Agent  
**81** Name: \_\_\_\_\_  
**82** Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
**83** \_\_\_\_\_  
**84** City: \_\_\_\_\_      **85** Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits 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 familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_  
I, \_\_\_\_\_, Registered Agent, hereby accept and agree to the conditions of this appointment.

12. OFFICERS AND DIRECTORS

12.1 TITLE	<b>D</b>
12.2 NAME	<b>THAW, STANLEY</b>
12.3 STREET ADDRESS	<b>1831 N.W. 104TH AVENUE</b>
12.4 CITY, ST. ZIP	<b>PEMBROKE PINES FL</b>
12.5 TITLE	<b>D</b>
12.6 NAME	<b>FORMAN, STEPHANIE</b>
12.7 STREET ADDRESS	<b>3811 N 43RD AVENUE</b>
12.8 CITY, ST. ZIP	<b>HOLLYWOOD FL</b>
12.9 TITLE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST. ZIP	
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST. ZIP	
12.17 TITLE	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST. ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST. ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST. ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST. ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST. ZIP	

14. I hereby certify that the information supplied on this filing is voluntarily furnished and that, not equally for the exceptions stated in Sections 199.032, Florida Statutes, I further certify that the information contained on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect and render only valid that any officer or director of the corporation in response or through endorsement to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on this filing or Block 13 if changed, in my appointment with an address.

SIGNATURE: \_\_\_\_\_  
I, \_\_\_\_\_, SECRETARY OF STATE, hereby certify that the information supplied on this filing is voluntarily furnished and that, not equally for the exceptions stated in Sections 199.032, Florida Statutes, I further certify that the information contained on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect and render only valid that any officer or director of the corporation in response or through endorsement to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on this filing or Block 13 if changed, in my appointment with an address.

9/23/95      305  
1995-6230