

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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 JACOBS & CARNEY, CPAS, 6401 SW 87 AVE. #204, MIAMI FL 33179, US**

3. Date Incorporated or Qualified: **08/06/1973** 3a. Date of Last Report: **03/28/1995**
4. FEE 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. Principal Place of Business: **3811 N 43 Ave, Hollywood FL, 33021, Broward**
2a. Mailing Address: **SAME**
26. Suite, Apt. #, etc.: **SAME**
27. City & State: **Hollywood FL**
28. City & State: **Hollywood FL**
29. Zip: **33021** 30. Country: **US**

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: **Stephanie Forman**
82. Street Address (P.O. Box Number is Not Acceptable): **3811 N 43 Ave**
83. City: **Hollywood**
84. City: **Hollywood** 85. State: **FL** 86. Zip Code: **33021**

11. Pursuant to the provisions of Sections 607.2002 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 607.0015, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/15/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	THAW, STANLEY	1.1 TITLE:	<input checked="" type="checkbox"/> DELETE
NAME:	1831 N.W. 104TH AVENUE	1.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	PEMBROKE PINES FL	1.3 STREET ADDRESS:	
CITY - ST - ZIP:		1.4 CITY - ST - ZIP:	
TITLE: D	FORMAN, STEPHANIE	2.1 TITLE:	<input type="checkbox"/> DELETE
NAME:	3811 N 43RD AVENUE	2.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	HOLLYWOOD FL	2.3 STREET ADDRESS:	
CITY - ST - ZIP:		2.4 CITY - ST - ZIP:	
TITLE:		3.1 TITLE:	<input type="checkbox"/> DELETE
NAME:		3.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY - ST - ZIP:		3.4 CITY - ST - ZIP:	
TITLE:		4.1 TITLE:	<input type="checkbox"/> DELETE
NAME:		4.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY - ST - ZIP:		4.4 CITY - ST - ZIP:	
TITLE:		5.1 TITLE:	<input type="checkbox"/> DELETE
NAME:		5.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY - ST - ZIP:		5.4 CITY - ST - ZIP:	
TITLE:		6.1 TITLE:	<input type="checkbox"/> DELETE
NAME:		6.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY - ST - ZIP:		6.4 CITY - ST - ZIP:	

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*****200.00**

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 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 applicable, or in an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Stephanie Forman**

CR2E034 (12/95)