

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90077 038 ***150.00

DOCUMENT # 667016

1. Corporation Name
CORPORATE CLEANING, INC.

Principal Place of Business
1650 W OAKLAND PARK BLVD
FT LAUDERDALE FL 33311

Mailing Address
1650 W OAKLAND PARK BLVD
FT LAUDERDALE FL 33311



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5376 SW 120 Ave Suite, Apt. #, etc.		2a. Mailing Address 26 5376 SW 120 Ave Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/17/1980	
22 City & State 23 Cooper City FL Zip 24 33300 Country		27 City & State 28 Cooper City FL Zip 29 33300 Country		4. FEI Number 59-2003521 Applied For Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ALIOTO, FRANK
1650 W OAKLAND PARK BLVD.
FT. LAUDERDALE FL

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALIOTO, FRANK	1.2 NAME	
STREET ADDRESS	1650 W. OAKLAND PK BLVD	1.3 STREET ADDRESS	5376 SW 120 AVE
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Cooper City FLA 33330
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALIOTO, SUZANNE	2.2 NAME	
STREET ADDRESS	1650 W. OAKLAND PK BLVD	2.3 STREET ADDRESS	5376 SW 120 AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Cooper City FLA. 33330
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF CORPORATION

Date

Daytime Phone #

4-6-99 954-252-

0290

0290083

CR2F034 (11/98)