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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F76000

(1)

ALL STAR WINDOW CLEANING, INC.

**FILED** Mar 06 1998 8:00am Secretary of State



						H IIII III
Principal Place of Business	Mailing Address			e temeting ette sådelt meett matte Adres A	#11 m.m11 616.1 616.1 4.m11 A11	)))
17720 SW 70TH PLACE PO BOX 70281						
FT LAUDERDALE FL 33331 US		STE 301, 727 NE 3RD AVENUE FT LAUDERDALE FL 33307		DO NOT WRITE IN THIS SPACE		
63	US US	99901	3	Date Incorporated or Qualified		<del></del>
	•		{ •	04/12/1982		ļ
2. Principat Place of Business	2a, Mailing Address		4.	FEI Number	A	pplied For
21	26			59-2259838		lot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Certificate of Status Desired		Additional
22 27			b.	Certificate of Status Desired	Fee F	lequired
City & State	City & State		6.	Election Campaign Financing		May Be
23 28				Trust Fund Contribution	L] Added	to Fees
<b>├─</b> ─	intry Zip	Country	8.	This corporation owes or has p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'
24 25	29	30		Personal Property Tax due Jun		No
	dress of Current Registered Agent	81 1	10. Name	Name and Address of New R	egistered Agent	
PEDLEY, JAMES K., 6		[6.]				
STE 301, 727 NE 3RE		82 8	Street Address (F	P.O. Box Number is Not Accepte	able)	
FT LAUDERDALE FL	33304	83				
		53				
		<b>B4</b> (	Dity		FL 85 Zip	Code
Ad Burn and to the provisions of S	ections 607,0502 and 607,1508, Florida \$	latutos the phous p	amad parparatio	n submite this statement for the		ita sociaterad
office or registered agent, or b	ooth, in the State of Florida. Such change w	vas authorized by th	ne corporation's t	poard of directors. I hereby acce	purpose or crianging apt the appointment as	registered
agent. I am familiar with, and a	accept the obligations of, Section 607.0505	5, Florida Statutes.				]
SIGNATURE Signature broad or prelied of	name of registered agent and title if applicable	(NOTE: Registered Agent s	sinnatura termiran when	reinstation)	DATE	
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		RS IN 12
TITLE DS	DELETE		<del></del> j		Change	☐ Addition
NAME SCHROEDER, C	CARL T	1.2 NAME				[3
STREET ADDRESS 17720 SW 70 P	<b>ા</b>	1.3 STREET AD	DRESS			
CITY-ST-ZIP FT LAUDERDAL	E, FL 00000	1.4 CITY-ST-Z	ZIP			
TITLE DP	DELETÉ		-	· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME SCHROEDER, N		2.2 NAME				
STREET ADDRESS 17720 SW 70 P	<b>L</b>	2.3 STREET AD	DRESS			
CITY-ST-ZIP FT LAUDERDAL	E, FL 00000	2. 4 CITY - ST - 7	ZIP			1
TITLE	DELETE	3.1 TITLE			Change	Addition
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADI	DRESS			
CITY-ST-ZIP		3.4. CITY-ST-2	ZIP			
TITLE	DELETE	4.1 TITLE			☐ Change	Addition
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADI	Dress			
CITY-ST-ZIP		4.4 CITY-ST-Z	IP			
TITLE	☐ DELETE	5 1 TITLE			☐ Change	☐ Addition
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADD	DRESS			1
CITY-ST-ZIP		5.4 CITY - ST - Z	iP		<u> </u>	
TITLE	☐ DEL <b>E</b> TE	6.1 TITLE			☐ Change	Addition
NAME		6.2 NAME				
STREET ADDRESS	•••	6.3 STREET ADO	DRESS			J
CITY-\$T-2IP		6.4 CITY-ST-Z				
14. I hereby certify that the information indicated on this angual report	ation supplied with this filing does not quali	ify for the exemption	n stated in Section	n 119.07(3)(i), Florida Statutes.	I further certify that the	e information

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.

212198 954-680-6291