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FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G68416 (8)

1. Corporation Name
CONVENTION CLEANING SERVICES, INC.

Principal Place of Business

15895 SW 6 PLACE
SUITE 103
PEMBROKE PINES FL 33027

Mailing Address

15895 SW 6 PLACE
SUITE 103
PEMBROKE PINES FL 33027-1130

3. Date Incorporated or Qualified
11/08/1983

3a. Date of Last Report
05/29/1996

4. FEI Number

59-2339957

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

21 10681 OAK LAKE WAY
Suite, Apt #, etc.

2a. Mailing Address

26 10681 OAK LAKE WAY
Suite, Apt #, etc.

City & State

23 Boca Raton, FL

24 33498 25 Country

City & State

28 Boca Raton, FL

29 33498 30 Country

9. Name and Address of Current Registered Agent

CHABROW, PENN
777 BRICKELL
SUITE 900
MIAMI FL 33131

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 of the person who is the registered agent, or the person who is the registered agent's authorized representative, and the date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME KIM KWETT Kmentt
STREET ADDRESS 10681 OAK LAKE WAY
CITY-ST-ZIP BOCA RATON FL

TITLE DST ☒ DELETE
NAME BALBI, SALVATORE
STREET ADDRESS 15895 SW 6 PLACE
CITY-ST-ZIP PEMBROKE PINES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary / Treasurer ☐ Change ☒ Addition
1.2 NAME Kenneth Spiegelman
1.3 STREET ADDRESS 9249 Emerson Ave
1.4 CITY-ST-ZIP Surfside, FL 33154

2.1 TITLE Kim Kmentt ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 10681 OAK LAKE WAY
2.4 CITY-ST-ZIP Boca Raton, FL 33498

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)