

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H83858** (1)

1. Corporation Name  
**LML CLEANING SERVICES, INC.**



Principal Place of Business: **2303 POLK STREET #103 HOLLYWOOD FL 33020**  
Mailing Address: **2303 POLK STREET #103 HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified: **11/05/1985**  
3a. Date of Last Report: **01/18/1995**

4. FEI Number: **59-2594540**  
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

21	2a
22	27
23	28
24	29
25	30

**9. Name and Address of Current Registered Agent**

**ST. CYR, MR. MARCEL  
2303 POLK STREET #103  
HOLLYWOOD FL 33020**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	State: <b>FL</b>
85	Zip Code

11. Pursuant to the provisions of Sections 607.0402 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 607.0909, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

1	TITLE	PTD	<input type="checkbox"/> DELETE
2	NAME	ST. CYR, MARCEL	
3	STREET ADDRESS	2303 POLK STREET #103	
4	CITY - ST - ZIP	HOLLYWOOD FL	
5	TITLE		<input type="checkbox"/> DELETE
6	NAME		
7	STREET ADDRESS		
8	CITY - ST - ZIP		
9	TITLE		<input type="checkbox"/> DELETE
10	NAME		
11	STREET ADDRESS		
12	CITY - ST - ZIP		
13	TITLE		<input type="checkbox"/> DELETE
14	NAME		
15	STREET ADDRESS		
16	CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	NAME	
19	STREET ADDRESS	
20	CITY - ST - ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY - ST - ZIP	
25	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26	NAME	
27	STREET ADDRESS	
28	CITY - ST - ZIP	
29	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30	NAME	
31	STREET ADDRESS	
32	CITY - ST - ZIP	
33	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34	NAME	
35	STREET ADDRESS	
36	CITY - ST - ZIP	
37	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
38	NAME	
39	STREET ADDRESS	
40	CITY - ST - ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: *Marcel S. Cyr* 12 Feb 1996 977-1375

CR2E034 (12/95)