

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # J40418 (2)

95 MAY -1 AM 9:25

A.C.T. JANITORIAL OF PALM BEACH, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**Principal Office Address
1570 N. POWRLINE RD
POMPANO BEACH FL 33069**

**Main Office Address
1570 N. POWRLINE RD
POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE

2. Date of Last Report		3a. Date of Last Report	
10/30/1986		02/28/1994	
4. FEI Number		5. Certificate of Status (Required)	
59-2761426		☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
7. Trust Fund Contribution		☐	
8. This corporation has liability for delinquent taxes under 28-199.0012.		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARKS, ROBERT A. 7121 EAST CYPRESSHEAD DR. PARKLAND FL 33067		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is duly organized under the laws of the State of Florida, and that the foregoing is a true and correct copy of the information required by the Department of State for the preparation of the annual report of the corporation.

12. ADDITIONAL OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
PTD MARKS, ROBERT A. 7121 E. CYPRESS HEAD DR. PARKLAND FL VSD SEFTON, IRWIN 8479 NW 2ND ST. CORAL SPRINGS FL		☐ Change ☐ Addition	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that I am duly qualified to execute this report. I further certify that the information supplied is true and correct, and that I am duly qualified to execute this report. I further certify that the information supplied is true and correct, and that I am duly qualified to execute this report.

SIGNATURE: Robert A. Marks (Robert A. Marks) 4/24/95 205 766-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR