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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

J46670

(2)

SANTO'S COMMERCIAL OFFICE CLEANING, INC.

			O LL! !!									
Principal Place of Business 1				Mailing Address				i insissă dist bibit ditia ditii (66)		11 ALBIT BIR	// BIBIT BIBIT (\$8)	
% SANTO INGLESE 7500 ROCKY POINT DRIVE BAYONET POINT FL 34667			,	SANTO INGLESE 7500 ROCKY POINT DRIVE BAYONET POINT FL 34667								
									 Date Incorporated or Qualified 12/11/1986 	3a. Date	of Last F 1/19/18	
2. Princ 21	ipal Place of Busin	css	2a. 26	Mailing Address					4. FEI Number 59-2769363			Applied For Not Applicable
Suito, Apt. #, etc				Suite, Apt #, etc.					5. Certificate of Status Desired Security Securi			
City 8	& State			City & State					6. Election Campaign Financing		\$5.0	00 May Be
23		Country	28		Cou	intry	,		Trust Fund Contribution 8. This corporation has liability for i			ed to Fees
24		25	29	,	30	,			Florida Statutes Yes	No	A UIKKI S	, 199.002,
	9, Name	and Address of Curre	nt Regist	ered Agent					10. Name and Address of New R	6gla\ered	Agent	
	01505 MADIE					81	Name	,				
INGLESE, MARIE 7500 ROCKY POINT DRIVE						82	Street Add		s (P.O. Box Number is Not Acceptab	le)		
1	AYONET POINT					83						W
						84	City				85 Z	Zip Code
		- C	0 1 00	1100 50 11 00 1			′	 	on submits this statement for the pur	<u>FL</u>	. 1	•
l Of F	ogistered agent, or illiar with, and acce URF	ooth, In the State of Florept the obligations of, Sec	ida, Such tion 607,0 stand the ra	change was authoriz 0505, Florida Statutes pplicable (NO	ed by the	corp	oration's	s board	of directors. I hereby accept the apport	DATE	registere	d agent. I am
12.		OFFICERS AN	ID DIREC		13.			Υ	ADDITIONS/CHANGES TO OFFI			
THLE NAME	INGLE	SE, SANTO		☐ DELETE	1.17					L	Change	Addition
SEREFI AD	7500 5	ROCKY POINT DRIVE			1.2 N		ADDRESS					
CHY SI-2	DAVO	NET POINT FL 34667					ST-ZIP					
Tille	VP			DELETE	2.17			 			Change	Addition
NAME		SE, MARIE			22 N	AMÉ						
SCHEELAD		ROCKY POINT DRIVE			235	TREET	ADDRESS					
TULLE	BATUI	NET POINT FL 34667		Doctor	_		ST - ZIP	ļ		<u>_</u>	7 05	T dare.
NAME				☐ DELETE	3. 1 T 3.2 N					L	☐ Change	Addition
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CITY ST 2	ļ				•		ST-21P					
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NAMi					4.2 N	AME						
S'REFFAD	i i				4.3 S	TREET	ADDRESS					
CHY-SI-Z	(IF			DELETE	4.4 C 5 1 T		ST-ZIP	 			7 Change	[Addition
NAME					5 2 N					L	T Cuande	Addition
SUBBLE LAD	ORUSS						ADDRESS					
City - St - Z							ST- ZIP					
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NAME					6 2 N	AME						
STREET AD	GMESS.				635	TREE I	ADDRESS					
CITY SEZ							ST - ZIP					
[14 , do	hereby certify that	t the information supplied	with this	filing is voluntarily furn	ished and	doe:	s not qu	alify for	the exemption stated in Section 119,	07(3)(k), Fio	rida Stati	utes. 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 it 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 it changed, or en an attachment with an address.

SIGNATURE:

SIGNATURE:

Date

Date

Date

Description stated in Section 119.07(3)(8), Profice Statutes, Turkher in the Association 19.07(3)(8), Profi

CR2E034 (12/95