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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business

2. Principal Place of Business

**% CHRIST PROKOS** 

7340 S.W. 68TH AVE.

Suite, Apt. #. etc.

City & State

22

23

24

Zip

STREET ADDRESS

CITY-ST-ZIP

**MIAMI FL 33143** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # Corporation Name

(5)

Mailing Address

MIAMI FL 33143

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

% CHRIST PROKOS

7340 S.W. 68TH AVE.

C AND S COMMERCIAL CLEANERS, INC.

Country

9. Name and Address of Current Registered Agent

Block 12 or Block 13 if changed, or on an attachment with an address

25

PROKOS, CHRIST 7340 S.W. 68TH AVE.

**MIAMI FL 33143** 

## **FILED** Apr 06 1998 8:00am Secretary of State



Zip Code

Street Address (P.O. Box Number is Not Acceptable)

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD DELETE Change TITLE 1.1 TITLE Addition PROKOS, CHRIST NAME 1.2 NAME 7340 S.W. 68TH AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 City - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7/P 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Channe ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I 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

Country

81 Name

82

83 84 City

30