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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

FILED May 12 1998 8:00am Secretary of State

RICHAR	D'S CLE	ANING SERVICE	INC.							
Principal Place	of Busines	ls	Mailing	Address					ICH IIVI	
C/O RICHARD PIELAT C/O RICHARD PIEL										
2795 WESLEYAN DRIVE 2795 WESLEYAN								DO NOT WRITE IN THIS SPACE		
PALM HARBOR FL 34684 PALM HARBO					M FL 34064			3. Date Incorporated or Qualified		
								12/02/1988	[
2. Principal Pl	ace of Busi	ness	2a. Mai	2a. Mailing Address				4. FEI Number Applied For		
21			26					59-2919286 Not A	Applicable	
Suite, Apt. (#, etc.		Suit	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Ad		
22			27	City & State				Fee Requ		
City & State	9		`	28				6. Election Campaign Financing \$5.00 M Trust Fund Contribution Added to		
Z ip	Zip Country			Zip Cou		ntry		Trust Fund Contribution		
24				30	•		Personal Property Tax due June 30. Yes V No			
	9. Name	and Address of Curre		d Agent	<u> </u>			10. Name and Address of New Registered Agent		
PIEI	LAT, RICH	ARD				61	Name			
2975 WESLEYAN DR						82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
PAL	M HARBO)R FL 34684								
									j	
ı					1	84	City	85 Zip Co	de	
44 Divisions	a the provi	siana of Sentions 607 Of	602 and 607 1	508 Florida Stati	Mac the st	VOV.	named corp	oration submitte this eletement for the sure		
office or re	egistered a	gent, or both, in the Sta	te of Florida S	ouch change was	authorized	by	the corporation	oration submits this statement for the purpose of changing its i ion's board of directors. I hereby accept the appointment as re	gistered	
_	m lamiliar v	with, and accept the obli	gations of, Sec	Ction 607,0505, r	· iorida Siai	utes	i.			
SIGNATURE .	Signature, type	d or printed name of registered a	igent and lifle if app	hoable (NO	TE: Register(Aper	nt signature require	ed when reinstating) DATE	[
12.		OFFICERS A	ND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
TITLE	D			☐ DELETE	1.1 ₹			Change	Addition	
NAME				1.2 MM						
STREET ADDRESS	_	ESLEYAN DR					ADDRESS		Į	
CITY-ST-ZIP		ARBOR F 34684		DELETÉ	2.1 1		- ZIP			
TITLE	D DIELAT	ODATVNA			2.1 M			☐ Change [Addition	
NAME		, grazyna /esleyan dr					ADDRESS		ł	
STREET ADDRESS CITY-ST-ZIP		ARBOR FL 34684			2 417					
TITLE				DELETE	3.1 1			Change	Addition	
NAME					3.2 N	Æ	1	. —		
STREET ADDRESS					3.3 \$	ET A	ADDRESS			
CITY-ST-ZIP			,		3 4.	√-S1	F-ZIP			
TITLE				DELETE	41			Change	Addition	
HAME					4.2	AE 				
STREET ADDRESS							ADDRESS			
CITY-ST-ZVP	 			DELETE	5.1 T	ST	- ZIP	Change	Adding	
TITLE	ľ				5.21			C) Change L	Addition	
NAME STREET ADDRESS					1		DORESS			
CITY-ST-ZIP	}					· \$1 ·	1		ł	
TITLE	 -			DELETE	61L			Change	Addition	
NAME					6.2W	E				
STREET ADDRESS	 				6.3)	EET A	DDRESS		-	
CITY-ST-ZIP						- \$1-			_	
14. I hereby	certify that	the information supplied) with this filing	g does not qualify port is true and a	y for the en locurate a	aptic that	on stated in Signature	ection 119.07(3)(i), Florida Statutes. I further certify that the infe	ormation	

officer or director of the corporation or the receiver or trustee empowered to execute a met my signature shall have the same legal effect as if made under oath; that I am are officer or director of the corporation or the receiver or trustee empowered to execute is 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.