

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN '3 PM 8:12

DOCUMENT # **K55268** (2)
1. Corporation Name
SHINE ON MAINTENANCE AND WINDOW CLEANING CORP.

Principal Place of Business Mailing Address
**3630 NORTHWEST 20TH ST.
COCONUT CREEK FL 33066**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/03/1989** 3a. Date of Last Report **06/20/1994**
4. FEI Number **65-0090994** 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**BLOCK, PAUL G.
9200 S. DADELAND BLVD., SUITE 308
MIAMI FL 33158**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
1 DP **KLUGERMAN, HARVEY**
3630 NW 20TH ST.
COCONUT CREEK FL
2 DST **KLUGERMAN, CAROLE**
3630 NW 20TH ST.
COCONUT CREEK FL
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 1 TITLE ☐ Change ☐ Addition
2 2 NAME
3 3 STREET ADDRESS
4 4 CITY - ST - ZIP
5 5 TITLE ☐ Change ☐ Addition
6 6 NAME
7 7 STREET ADDRESS
8 8 CITY - ST - ZIP
9 9 TITLE ☐ Change ☐ Addition
10 10 NAME
11 11 STREET ADDRESS
12 12 CITY - ST - ZIP
13 13 TITLE ☐ Change ☐ Addition
14 14 NAME
15 15 STREET ADDRESS
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93 93 TITLE ☐ Change ☐ Addition
94 94 NAME
95 95 STREET ADDRESS
96 96 CITY - ST - ZIP
97 97 TITLE ☐ Change ☐ Addition
98 98 NAME
99 99 STREET ADDRESS
100 100 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: Harvey Klugerman 6-10-95 305-9777400
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Telephone Number)