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

PROFIT-**CORPORATION** ANNUAL REPORT

1999---



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90049 045 ***150.00

DOCUMENT # K99142									
CLEAN SWEEP PAINTING AND PRESSURE CLEANING, INC.									
						1 18 61 61 61 61 61 61 61 61 61 61 61 61 61	Langua aning indi indi	0,5 0,0 0,5 <u></u>	
Principal Place	of Business	Mailing Address			1	1 (88/81/(4/4 /4/18 /8/8			
12167 ORANGE WEST PALM BE		1216 ORANGE BLVD WEST PALM BEACH FL 33412			DO NO	T WRITE IN TH	IS SPACE		
US		US			-	3. Date Incorporated or Q	ualifed		
					1	06/29/1989			1
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		App	olied For
21		26	_			65-0141663			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,			5. Certificate of Status Des	sired 🗆	\$8.75 A	
22		27						Fee Red	
City & State	9 .	City & State				6. Election Campaign Fina	~	\$5.00	
23	0	28	Carratar			Trust Fund Contribution	-	Added to	o Fees
Zip	Country	Zip	Country			This corporation owes to Personal Property Tax.	he current year I		□No
24	9. Name and Address of Current	29 3	<u>0 </u> -			10. Name and Address of	New Registere	_	
	o. Inditie and Address of Current	Todistered Hant	81	Name					
ARNO	OLD, RUTH								
12617 ORANGE BLVD			82	Street A	Address	(P.O. Box Number is Not a	Acceptable)		
WEST PALM BEACH FL 33412			83			·			
1				.				leal even	\
			84	City			F	L 85 Zip C	ode
11. Pursuant	the above	e-named o	corpora	tion submits this statement	for the nurnose	of changing its	registered		
office or re	egistered agent, or both, in the State of mailtain familiar with, and accept the obligation	i Florida. Such change was aut	horized by	the corpo	oration's	board of directors. I hereb	y accept the app	ointment as reg	jistered
ŭ	or laminal with, and accept the benganc	3113 (1, 000(1011 007.0000) 1 10110							[
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egistered Agen	t signature re	equired wh		DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES	TO OFFICERS		
TILE	D	☐ DELETE	1.3 TITLE					☐ Change	☐ Addition
NAME	arnold, ruth L.		1.2 NAME						ĺ
STREET ADDRESS	12167 ORANGE BLVD		1.3 STREET	ADDRESS			,		l
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		1,4 CITY-S1	f-ZIP				Change	Addition
TITLE	D	☐ DELETE	2.1 TITLE					☐ Change	☐ Addition
NAME	ARNOLD, VAUGH		2.2 NAME						
STREET ADDRESS	12167 ORANGE BLVD		2.3 STREET	- 1					1
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	☐ DELETE	2. 4 CITY-S	T-ZIP		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition
TITLE	D	I DELETE	3.1 TITLE	į					
NAME	LIFSHITZ, BARBRA		3.2 NAME						
STREET ADDRESS	166 MEADOWLARK DR		3.3 STREET	- 1					
CITY-ST-ZIP	ROYAL PALM BEACH FL	☐ DELETE	3.4. CITY+S	1-212				Change	☐ Addition
TITLE NAME	D MCCHITT MICHAEL	president	4. 2 NAME						
	LIFSHITZ, MICHAEL		4.3 STREET	Anness					
STREET ADDRESS CITY-ST-ZIP	12621 WESTHAMPTON CIR. WELLINGTON FL		4.4 CITY-ST	- 1					ĺ
TITLE	WELLINGTON FL	☐ DELETE	5.1 TITLE	- 24				Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					ł
CITY-ST-ZIP			5.4 CITY-\$1	f-ZIP		•			
TITLE		☐ DELETE	6.1 TITLE	-				☐ Change	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP