

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L25577** (2)

1. Corporation Name

PRO CLEAN BUILDING MAINTENANCE, INC.



Principal Place of Business

**832 CHERRY ST
WINTER PARK FL 32789
US**

Mailing Address

**832 CHERRY ST
WINTER PARK FL 32789
US**

3. Date Incorporated or Qualified
10/25/1989

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
59-2980456

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ZERIVITZ, DONALD
872 CYNTHIANA CIRCLE
ALTAMONTE SPRINGS FL 32701**

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 607.01(2) 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 607.0305, Florida Statutes.

SIGNATURE

(Signature of person providing information is required when applicable)

(Signature of Registered Agent is required when changing)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ DELETE 1. TITLE NAME STREET ADDRESS CITY, ST, ZIP D ZERIVITZ, DONALD 872 CYNTHIANA CIRCLE ALTAMONTE SPRINGS FL	☐ Change ☐ Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP
☐ DELETE 2. TITLE NAME STREET ADDRESS CITY, ST, ZIP D ZERIVITZ, LEE 150 MARION WAY MAITLAND FL	☒ Change ☐ Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP 1243 VIA ESTRELLA WINTER PARK, FL 32789
☐ DELETE 3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP
☐ DELETE 4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP
☐ DELETE 5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP
☐ DELETE 6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD ZERIVITZ, PRESIDENT

1-18-96 407-740-5554
Date Daytime Phone #

CR2E034 (12/95)