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Jun 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L70436

(5)

1. Corporation Name

CILENE'S CLEANING INC

Principal Place of Business

178 E. ALMA AVE.
178 E ALMA AVE.
LAKE MARY FL 32746
US

Mailing Address

173 E. ALMA AVE.
178 E ALMA AVE.
LAKE MARY FL 32746-3026
US



2. Principal Place of Business

21 178 E. ALMA AVE.

Suite, Apt. #, etc.

22 City & State

23 LAKE MARY, FLA

Zip

24 32746

Country

25 U.S.A.

2a. Mailing Address

26 178 E. ALMA AVE.

Suite, Apt. #, etc.

27 City & State

28 LAKE MARY, FLA

Zip

29 32746

Country

30 U.S.A.

3. Date Incorporated or Qualified

05/03/1990

3a. Date of Last Report

04/29/1996

4. FEI Number

59-3011802

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

PALMER, DARRELL
178 E ALMA AVE.
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name

DARRELL PALMER

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

178 E. ALMA AVE

83

84 City

LAKE MARY

FL

85 Zip Code

32746

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

Darrell Palmer

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/27/97

DATE

12. OFFICERS AND DIRECTORS

TITLE PV ☐ DELETE

NAME PALMER, DARRELL
STREET ADDRESS 178 E ALMA AVE
CITY - ST - ZIP LAKE MARY FL

TITLE ST ☐ DELETE

NAME PALMER, CILENE
STREET ADDRESS 178 E. ALMA AVE.
CITY - ST - ZIP LAKE MARY FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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

SIGNATURE:

Darrell Palmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97 (407) 330-0630

DATE

Daytime Phone #

CR2E034 (9/96)