

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

**FILED**

**Apr 06 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L77922 (7)**  
1. Corporation Name  
**BAUGHS (INTERNATIONAL) JANITORIAL SERVICES OF SOUTH FLORIDA, INC.**



Principal Place of Business <b>10221 NORTHWEST 33RD STREET APARTMENT 1 CORAL SPRINGS FL 33065 US</b>	Mailing Address <b>C/O GRUBER AND ASSOCIATES, P.A. 1650 SOUTHEAST 17TH STREET SUITE 301 FORT LAUDERDALE FL 33316-1735 US</b>
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DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified  
**06/05/1990**

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
<b>10221 NORTHWEST 33RD STREET APARTMENT 1 CORAL SPRINGS FL 33065 US</b>	<b>C/O GRUBER AND ASSOCIATES, P.A. 1650 SOUTHEAST 17TH STREET SUITE 301 FORT LAUDERDALE FL 33316-1735 US</b>

4. FEI Number <b>65-0195979</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BAUGH, WINSTON A  
10221 NORTHWEST 33RD STREET  
APARTMENT 1  
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name <b>Winston A. Baugh</b>
82 Street Address (P.O. Box Number Is Not Acceptable) <b>c/o Gruber and Associates, P.A.</b>
83 <b>1650 Southeast 17th Street Suite 301</b>
84 City <b>Fort Lauderdale</b>
85 Zip Code <b>FL 33316-1735</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DPST BAUGH, WINSTON A</b>	1.2 NAME	<b>Baugh, Winston A.</b>
STREET ADDRESS	<b>10221 NORTHWEST 33RD STREET APARTMENT 1</b>	1.3 STREET ADDRESS	<b>10221 Northwest 33rd Street Apartment #1</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	1.4 CITY-ST-ZIP	<b>Coral Springs, FL 33065</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, upon an attachment with an address.

SIGNATURE: Winston A. Baugh 3/31/98 954-522-2720

CR2E034 (10/97)