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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(0)

DOCUMENT # 1. Corporation Name

ALL STAR JANITORIAL SERVICES, INC.

Maling Address Principal Place of Business



1570 N POWERLINE RD POMPANO BCH FL 33069-1621			1570 N POWERLINE RD POMPANO BCH FL 33069-1621			3. Date Incorporated or Qualified 03/11/1987	3a. Date of Last Report 05/01/1995	
, Principal Place	of Business	2a.	Mailing Address			4. FEI Number	Арр	ked For
Tritopor race		26				59-2795780		Applicable
Suite, Apt #, etc		27	Suite Apt #, etc.		5. Certificate of Status Desired	\$8.75 Ac		
City & State		121	Oty & Stale			6. Election Campaign Financing	\$5.00 N	. ,
Ony & State		28				Trust Fund Contribution	Added to	
Zip	Country	T	Zışı	Countr	(This corporation has liability for	ntangible tax under s. 19	9.032,
	25	29		30		Florida Statutes Yes 10. Name and Address of New I	No Registered Agent	
	9. Name and Address of Curre	ent Regis	stered Agent	B1	Nanio	10. Name and Address of New I	BAISTOLEG MACH	
] 6				
	ROBERT A.			82	Street Ad	dress (P.O. Box Number is Not Accepta	ble)	
	CYPRESS HEAD DRIVE			8:	<u></u>			
PARKLA	ND FL 33067			"	1			
				8	City		FL 85 Zp C	ode
			STATE OF THE CASE		named con	poration submits this statement for the pu pard of directors. Thereby accept the app	rpose of changing its reg	stered offi
2.	OFFICERS A	ND D:HL	CTORS DELETE	13. 1 1 li ² 1		ADDITIONS/CHANGES TO OF		CatibbA [
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	MARKS, ROBERT		L	3 2 NAM	ŧ			
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NAME			<u></u>	6.2 NAI	1			
NAME STREET ADDRESS			ے	63 ST6	REET AUDRESS	ify for the exemption stated in Section 1		

recommendation information in supplies with this more is supplemental annual report is true and that my signature shall have 1 be same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have 1 be same legal effect as if made under oath; that I am an officer or director of the corporate in or the reserver or trusted 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.

THE AND TYPED ON MINTED NAME OF SIGNING OFFICER OR DIRECTOR