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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business

POMPANO BCH FL \$3069-1621

1570 N POWERLINE RD



FLORIDA DEPARTMENT OF STATE

Sandra B. Mad

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M48107 ALL STAR JANITORIAL SERVICES, INC.

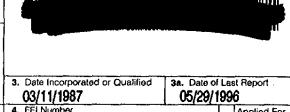
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Mailing Address

1570 N POWERLINE RD

POMPANO BCH FL 33069-1621

FILED Jun 12 1997 8:00am Secretary of State



									03/11/1807	US/28/	נשו	10
2.	Principal Place of Busin	ness	2a	. Malling Address				4.	FEI Number		T	Applied For
21	•		26						59-2795780			Not Applicab
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.			5.	Certificate of Status Desired	□ \$		5 Additional Required	
23	City & State		28	City & State				6.	Election Campaign Financing Trust Fund Contribution	X		00 May Be ed to Fees
24	Zip	Country 25	29	Zip	30 C	ountry		8.	This corporation has liability for in Florida Statutes	tangible tax Yes		er s. 199.032,
	9. Name	and Address of Current	Regla	stered Agent		1		10.	Name and Address of New Reg	stered Age	nt	
	MARKS, ROBE					81	Name					
PARKLAND FL 33067			82	Street Addres	eet Address (P.O. Box Number is Not Acceptable)							
	•					83						
;	1. 2					84	City			FL	5 2	Zip Code

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 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	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature i	equired when reinstaling)	DAYE	
12.	OFFICERS AND DI		13.	· · · · · · · · · · · · · · · · · · ·	SES TO OFFICERS AND DIRECT	ORS IN 12
TITLE	SD	DELETE	1.1 TITLE		☐ Chan	ge Additio
NAME	SEFTON, WARREN		1.2 NAME			
STREET ADDRESS	10953 LAKEFRONT PLACE		1.3 STREET ADDRESS		·	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP			
TITLE	PD	☐ DELETE	2.1 TOTLE		☐ Chan	ge 🔲 Additio
NAME	SEFTON, ERWIN		2.2 NAME			
STREET ADDRESS	8479 N.W. 2ND ST.		2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL		2. 4 CITY-ST-2(P			
TITLE	10	DELETE	3.1 TITLE		Chan	ge 🔲 Additio
NAME	MARKS, ROBERT		3.2 NAME			
STREET ADDRESS	7121 CYPRESS HEAD DRIVE	4	33 STREET ADDRESS			
CITY-ST-ZIP	PARKLAND FL		3 4. CITY - ST - ZiP			
TITLE	VD	☐ DELETE	4.1 TITLE		Chan	ge 🔲 Addition
NAME	NEAL, BAUM		4. 2 NAME			
STREET ADDRESS	344 NW 94TH TERR		4.3 STREET ADDRESS		1	
CITY-ST-ZIP	PLANTATION FL ',		4.4 DITY-ST-ZIP		//	_A
TITLE	····	DELETE	5 1 TITLE		☐ Chan	ge Addition
NAME			5.2 NAME		1/2/2	//っ/_
STREET ADDRESS			5.3 STREET ADDRESS			1995)
CITY-ST-ZIP	<u> </u>		5.4 CITY-S1-ZIP			17
TITLE		DELETE	6.1 TITLE		2213331 ⁰ Chan	ge 🔲 Addition
NAME	İ		62 NAME	<u>ኔ ህንዚ</u> ንዚታኒን ሰር /10 /07.	01146003	
STREET ADDRESS		•	63 STREET ADDRESS		. OTIAD GOS	
CITY-ST-ZIP	by andity that the information complied of		6.4 CITY - ST - ZIP	***165.00		

I do hereby certify that the information supplied with this titing does not qualify for the exemption stated in Section 119.07(3)(4). Florida Statutes. I furner 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 paged, or on an attachment with an address

SIGNATURE:

ROBERT A. MANIU 4-2-97 (954) 960-1000
DENDRECTOR
DESIGNET PROPERTY