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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Tr Co portino	MENT # M74476 CLEANING SERVICES, INC.	6 (6)		T HORIDEH HI ITOIN BIELL BION ENDIR SIII DIE	HA BARRAR BARAN BARAN BARRAR BARRAR NOBA
Principal Plac	ce of Busmess	Mailing Address			
2139 UNIVERSITY DR. SUITE 353 CORAL SPRINGS FL 33065		2139 UNIVERSITY DR. SUITE 353 CORAL SPRINGS FL 33071-6134			
				3. Date Incorporated or Qualified 03/30/1988	3a. Date of Last Report 06/25/1996
2. Principal P	Place of Business	2a. Mailing Address		4, FEI Number 65-0046514	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
City & Stat	le:	City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for inta	angible tax under s. 199.032, /es
	g. Name and Address of Curren			10. Name and Address of New Regis	stered Agent
	CKWELL, KATHERINE		81 Name		
9150 NW 47TH COURT CORAL SPRINGS FL 33067			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
OUP	TAL OF NINGO FL 30007		83		
			84 City	· · · · · · · · · · · · · · · · · · ·	B5 Zip Code
44 Division to the region and Capting COT 0500 and COT 4500 Florida National					FLII
office or r agent 1 a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a attoms of, Section 607.0505, Flo	uthorized by the corpora rida Statutes.	rporation submits this statement for the purp ation's board of directors. I hereby accept t	he appointment as registered
SIGNATURE					
12.	Signative type dide printed name of registered age OFFICERS ANI		Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICER	DAYE RS AND DIRECTORS IN 12
THLE	P	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAMÉ	BLACKWELL, ROBERT L.		1.2 NAME		
STREET ADDRESS	9150 NW 47TH COURT CORAL SPRINGS FL 33067		1.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	VS	☐ DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		Change Addition
NAME	BLACKWELL, KATHERINE D	<del>-</del>	2.2 NAME		
STREET ADDRESS	9150 NW 47TH COURT		2.3 STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS FL 33067		2.4 CITY - ST - ZIP		
10116	T CANODITO CADMINE OD	DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS	FAVORITO, CARMENT SR. 9150 NW 47TH COURT		3.2 NAME 3.3 STREET ADDRESS		
CITY -S1 - ZIP	CORAL SPRINGS FL 33067		34. CITY-ST-ZIP		
TIT.F		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		· · ·
STREET ADDRESS			4 3 STREET ADDRESS		
City+St 2iF			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME CIPCLL ADOUGH			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY ST-7:2 T-TLE		☐ DELETE	5.4 CITY+ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		Per a south Per sudo((()))
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIF			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 ai. 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 ij changed, or on an attachment with an address.

SIGNATURE:

**FILED** 

May 08 1997 8:00am

Secretary of State