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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M91884

(0)

Mailing Address

TOTAL CLEANING CONCEPTS, INC.

FILED May 05 1997 8:00am Secretary of State

|--|--|--|--|--|--|

1211 MIRAMAR STE 4 CAPE CORAL F		1211 MIRAMAR ST #4 CAPE CORAL FL 33904-971 US	69		
US				3. Date Incorporated or Qualified 08/01/1988	3a. Date of Last Report 05/01/1996
	ace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		65-0069600	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	4.04.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zu) 24	Country 25	Zip 29	Country 30		Yes No
	9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Reg	glstered Agent
	MAN, DEBORAH A.		81 Name	Doboraha.Wise	nems
	BAYSHORE DR.		82 Street /	Address (P.O. Box Nymber is Not Acceptab	[e) <u>.</u>
CAPE	E CORAL FL 33904			37 2M. 5100 5	JC JC
ĺ		•	B3		ļ
			B4 City (Λ \	85 Zip Code
	- 4,,		1 \	ibbe coral	FL 33414
11. Pursuant t	to the provisions of Sections 60i	7.0502 and 607.1508, Florida Statut State of Florida. Such change was :	tes, the above-named authorized by the corn	corpolation submits this statement for the population's board of directors. I hereby accept	urpose of changing its registered
agerit Lai	m familiar with, and accept the	obligations of, Section 607.0505, Fi	orida Statutes.	poration's board of directors. I hereby accep	
SIGNATURE					<u> </u>
	Signature, types) or printed name of register	red agent and title if applicable (NOT S AND DIRECTORS	E: Registere: Agent algnature	required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE COS AND DIDECTORS IN 40
12.	T	DELETE	1.1 TBLE	ADDITIONS/CFIANGES TO OFFIC	Change Addition
NAME	WISEMAN, DEBORAH A.		1.2 NAME		Control of the second
STREET ADDRESS	1632 S.W. 27TH ST.		1.3 STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL FL		1.4 DilY-ST-ZIP		
THILE	P	DELETE	21 TOLE 9	Daniela A Court	Change Addition
NAME	SAVERBREY, PAMELA A.		2.2 NAME	+ HINERY H. SOURCES	Fleming
STREET ADORESS	130 BAYSHORE DR.		2.3 STREET ADDRESS	130 Bayshore Dr	/ B
City-St-2if	CAPE CORAL FL		2. 4 CTY - ST - ZIP	PAmela A. Souerba 130 Bayshore Dr	.33904
TITLE	S	DELETE	31 TI"LE	2002	Change Addition
NAME	SAVERBREY, DOREEN A.		32 NAME		-
STREET ADDRESS	130 BAYSHORE DR.		3.3 STREET ADDRESS		ĺ
CITY - ST - ZIP	CAPE CORAL FL		3.4. OITY-ST-ZIP		
TILE		DELETE	4.1 TIPLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	
CHY-SI ZIF			4.4 C/TY - ST - ZIP		
TALE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREEL ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP	han ha ha a proposanti a sa a proposanti a proposanti a sa a proposanti a pro		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 T-TLE		Change Addition
NAME .			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-\$1-ZIP		
14. I do heret	by certify that the information su	polied with this filing does not qual	ify for the exemption s	tated in Section 119.07(3)(i), Florida Statutes	s. I further certify that the

1 do nevery certify that the information supplied with this tiling goes not quality for the exemption stated in Section 119.07(3)(i). 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 eath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in fillock 13 if changed, or on an attachment with an address.

SIGNATURE:

4-29-97 941-542