

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #
 1. Corporation Name
P16217
ISS Cleaning Services Group, Inc.

Principal Place of Business Mailing Address
1955 Lake Park Drive Suite 300 Smyrna, GA 30080 **1955 Lake Park Drive Suite 300 Smyrna, GA 30080**

2. Principal Place of Business 2a. Mailing Address
 21. State, Apt. #, etc. 26. Suite, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip 28. Zip
 24. Country 25. Country 29. Country 30. Country

3. Date Incorporated or Qualified **10/01/1987** 3a. Date of Last Report
 4. FEI Number **13-3083344** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
The Prentice-Hall Corporation System
1201 HAYES St.
Suite 105
Tallahassee, FL 32301

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City **FL** 85. Zip Code

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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	Martin O'Halloran
STREET ADDRESS	1955 Lake Park Drive, Ste 300
CITY, ST, ZIP	Smyrna, GA 30080
TITLE	Executive V.P. <input type="checkbox"/> DELETE
NAME	Richard Matero
STREET ADDRESS	1955 Lake Park Drive, Ste 300
CITY, ST, ZIP	Smyrna, GA 30080
TITLE	Executive V.P. <input type="checkbox"/> DELETE
NAME	JAN P. KAUPAS
STREET ADDRESS	1955 Lake Park Drive, Ste 300
CITY, ST, ZIP	Smyrna, GA 30080
TITLE	SECRETARY AND TREASURER <input type="checkbox"/> DELETE
NAME	DONALD L. Aldridge
STREET ADDRESS	1955 Lake Park Drive, Ste 300
CITY, ST, ZIP	Smyrna, GA 30080
TITLE	ASST. SECRETARY <input type="checkbox"/> DELETE
NAME	DAVID MALLORY
STREET ADDRESS	1955 Lake Park Drive, Ste 300
CITY, ST, ZIP	Smyrna, GA 30080

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

100002189071
-05/23/97--01003--015
*****165.00**

RW 5-13-97

14. I, the undersigned, 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 is based 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, or on an attachment with an address.

SIGNATURE: David L. Mallory **David L. Mallory** **4/28/97** **(770) 438-8000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)