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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P92000006578 (8)

**CLEANING SOLUTIONS, INC.** 

**FILED** Mar 26 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						FORM ON ON SULLINGUAL POR 1901
14621 OAK LANE		14621 OAK LANE			·	
MIAMI LAKES FL 33016 US		MIAMI LAKES FL 33016 US		DO NOT WRITE IN THIS SPACE		
00		•			3. Date Incorporated or Qualified	
					11/19/1992	
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	Applied For
21]		26 Suite Act # etc	Suite, Ap1, #, etc.		65-0371861	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		<del> </del>	27		5. Certificate of Status Desired	Fee Required
City & Stat	Θ	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zıp	Country	Zip	Country		8. This corporation owes or has paid the	current year Intangible  X Yes  No
24	25 g. Name and Address of Cu	rrent Registered Agent	<u> </u>		Personal Property Tax due June 30.  10. Name and Address of New Registere	
10	ONES, SCOTT D		81	Name		
	621 OAK LANE		82	Stroot Add	ress (P.O. Box Number Is Not Acceptable)	
MIAMI LAKES FL 33016			02	Street Acc	riess (F.O. Box Number is Not Acceptable)	
			83			
			84	City		85 Zip Code
			_		F	
office or i	registered agent, or both, in the S	State of Florida. Such change was autho	orized by	/ the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
agent. I a	am familiar with, and accept the o	bligations of, Section 607 0505, Florida	Statute	urls.	rc.P. 1/16	ks
SIGNATURE	Signature, lyped or printed name registere				uired when reinstaling) DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE 1.1 TI				Change Addition
NAME	·		1.2 NAME	1		
STREET ADDRESS	MANUEL OCCO		1.3 STREET	l		
CITY-ST-ZIP TITLE	VD VD	DELETE	1.4 CITY-S 2.1 TITLE	ST-ZIP		Change Addition
NAME	JONES, SCOTT D	23				_
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMÍ FL 33188	and a significant control of the significant con		ST-ZIP		
TITLE	DELETE 3.1 T		3.1 TITLE			Change Addition
NAME			3.2 NAME			1
STREET ADDRESS	<b>■</b> ****		3.3 STREET	1		
CITY-ST-ZIP			3.4, CITY- 4.1 TITLE	ST-ZIP		Change Addition
TITLE NAME			4. 2 NAME	1		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-5			
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-1	ST-ZIP		Change Addition
TITLE			6.1 TITLE			C oneråe C vocioni
NAME CORRES ADDRESS	}	l l	6.2 NAME	T ADDRESS		
STREET ADDRESS		J	6.4 CITY -			
CITY-ST-ZIP 14. I hereby	certify that the information supplied	ed with this filing does not qualify for th	ne exemi	otion stated in	n Section 119.07(3)(i), Florida Statutes. I further	r certify that the information

indicated on this annual report or supplied with this ming doors not qualify in the death of the supplied with the suppl