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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P92000 CLEANING SERVICE, INC.	0009729 (4)			To the second	
Principal Plac	e of Business	Mailing Address		_	- ·	
2204 PARKWOOD DR VALRICO FL 33594		PO BOX 290-291 TAMPA FL 33687			DO NOT WRITE IN THIS SPACE	
-						3. Date Incorporated or Qualified
						12/07/1992
	lace of Business	2a. Mailing Address				4. FEI Number Applied For
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.				NOT APPLICABLE Not Applicable \$8.75 Additional
22	,	27				5. Certificate of Status Desired Fee Required
City & State	9	City & State		_		Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
- Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the current year (ntangible
24	25 Same and Address of Curren		30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
HD	ADISKY, ARHTUR J			81	Name	
2204 PARKWOOD DR				82	Ctroot Add	dress (P.O. Box Number is Not Acceptable)
VALRICO FL 33594				02	SUBBL AUG	riess (F.O. Box Number is Nut Acceptable)
			Ţ	83		
			- h	B4	City	FL 85 Zip Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was au itions of, Section 607.0505, Flor	uthorized rida Statu	by ites	the corporal	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered age OFFICERS AND			Age	nt signature requi	ADDITIONS/CHANGES TO DEFICE BY AND DIRECTORS IN 10
12.	D OFFICERS AND	DELETE	13.	F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	HRADISKY, ARTHUR J		1.2 NAME			
STREET ADDRESS	2204 PARKWOOD DR				ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594		1.4 CIT	Y-S1	r-ZIP	
YITLE			2.1 TITL	_		Change Addition
NAME			2.2 NAM	ИE		
STREET ADDRESS			2.3 STR	EET.	ADDRESS	Í
CITY-ST-ZIP			2. 4 CIT		1 - ZIP	
TITLE		☐ DELETE	3.1 7171		- 1	☐ Change ☐ Addition
NAME			3.2 NAM		}	
STREET ADDRESS	•				ADDRESS	
CITY-ST-ZIP TITLE				3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	1		1	4.2 NAME		_ Strange
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4.4 CIT			
TITLE		DELETE	51 TITL	_		, Change Addition
NAME			5.2 NAN			
STREET ADDRESS					ADDRESS	,
CITY-ST-ZIP			5.4 CITY	/-S1	- ZIP	
TITLE		DELETE	6.1 TITL			Change Addition

6.3 STREET ADDRESS 6.4 City-St-7iP

14. I 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 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.

Feb 02 1998 8:00am Secretary of State