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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000068600

CLEANING GROUP OF AMERICA INC.

Principal Place	of Business	Mailing Address			I (20)(1991 (10 tales vivi) gavii gavii gavii	.110 0144 18110 01111	38111 8811 1881
4006 PROGRESS NAPLES FL 339	<del>42-CG1</del>	4006 PROGRESS AVE NAPLES PL 33942-661		DO NOT WRITE IN THIS SPACE			
GOIEL	KCAM CIRCLE-A-5	-			3. Date Incorporated or Qualifed		
MARCOI	ESLAND, FL. 34145				09/27/1993		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26		65-0439808	<del></del>	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc					5. Certificate of Status Desired	\$8.75 A	
22 ~	27				Fee Re		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	- 1
Zip	Country	Zip	Country		8. This corporation owes the current year	441	
24	25	29 30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent	- 04	N.	10. Name and Address of New Register	ad Agent	
DEVA	JOSO ANCELA		81	Name			
REYNOSO, ANGELA			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
4 <del>000 PROGRESS AVE</del> NAPLES FL 33942-3661							
1 6	1 =1 VIAM CIRCLE	2 STE A-5	83				
60	RCO ISLAND,	E1 34145	84	City		85 Zip C	Code
IVIA.	RCO ISCAND,	170. 077			F		ragistered
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE						•	
	Signature, typed or printed name of registered agent		13.	t signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		)RS IN 12
12.	OFFICERS AND		1.1 TITLE		ADDITIONS/CHANGES TO GIFTGERO	Change	Addition
TITLE	DEVINORO ANORIA	_	1.2 NAME			_ ,	_
NAME		41 EZR 47011		ADDRESS			
STREET ADDRESS		ESCAND, FL. 3	MH				
CITY-ST-ZIP TITLE	P 7		2.1 TITLE	5-211		☐ Change	☐ Addition
NAME	REYNOSO, WILLIAM A	****	2.2 NAME			-	
STREET ADDRESS	4 <del>006 PROGRESS AVE</del>			T ADDRESS	<b>-</b>		
	NAPLES FL 33942		2. 4 CITY-S				{
CITY-ST-ZIP TITLE	14AI LEO 7 E 30942		3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS		];	3.3 STREET	T ADDRESS			ì
CITY-ST-ZIP			3.4. CITY-S	iT-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME		į.	4. 2 NAME				
STREET ADDRESS		<b>.</b>	4.3 STREET	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TTLE			☐ Change	Addition
NAME			5.2 NAME		•		ļ
STREET ADDRESS		!	5.3 STREET	T ADDRESS			ĺ
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	<u> </u>		
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
			6.3 STREE	T ADDRESS			Ì

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 land 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, with all offer like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS