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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000086153 (2)

PRIME TIME JANITORIAL SERVICE, INC.

Principal Place of Business 3887 CARAMBOLA CIRCLE N. COCONUT CREEK FL 33066		Mailing Address 3687 CARAMBOLA CIRCLE N.			
COCONUT C	REEK FL 33066	COCONUT CREEK FL 3	3066-2442	3. Date Incorporated or Qualified 3a. Date of Last Report 12/13/1993 05/01/1996	
2. Principal	Place of Business	2a. Mailing Address		4, FEI Number Applied	For
21		26		65-0452378 Not App	
Suite, Ap	it #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Regulred	
City & St	ale	City & State	***************************************	6. Election Campaign Financing \$5.00 May	
23		28		Trust Fund Contribution Added to Fee	
Zip	Country	Zφ	Country	8. This corporation has liability for intangible tax under s. 199.0	032,
24	25	29	30	Florida Statutes Yes No	
	Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	
36	LEY, JOSEPH F 87 CARAMBOLA CIRCLE N., DCONUT CREEK FL 33066			Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code	
office of agent. I	JOSEPH F RILEY	of Florida Such change with tions of Section 607 0505	stutes, the above-hamed as authorized by the con Florida Statutes.	corporation submits this statement for the purpose of changing its regisporation's board of directors. I hereby accept the appointment as regist $\mathcal{H} = 9 - 9$	stered lered
OKATONI	Signature, typied or price of harrie of ICG steroid agen	t and little if applicable (6	NOTE: Registered Agent signature	required when reinstaing) DATE	
12.	Signature typed or precess same of registered upon OFFICERS AND	t and little if applicable (for DIRECTORS)	NOTE: Registered Agent signature	required when recretaing) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
12.	Signature Typist or price at name of registered ∬en OFFICERS AND	t and little if applicable (6	NOTE: Registered Agent signature 13. 1.1 TITLE	required when recetaing) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12 Addition
12. TITLE NAME	OFFICERS AND P JOSEPH F. RILEY	t and little if applicable (for DIRECTORS)	NOTE: Registered Agent signature 13. 1.1 TITLE 1.2 NAME	required when recretaing) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
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12. TITLE NAME	OFFICERS AND P JOSEPH F. RILEY	t and little if applicable (for DIRECTORS)	NOTE: Registered Agent signature 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
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12. TITLE NAME STREET ADDRES CITY-ST ZIP TITLE	OFFICERS AND P JOSEPH F. RILEY 3687 CARAMBOLA CIR N. COCONUT CREEK FL 33088	ti and title if applicable (b) DIRECTORS DELETE	NOTE: Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	Addition
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14. I do 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 arrowal 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.

6.4 CITY - ST - ZIP

SIGNATURE:

GNING OFFICER OR DIRECTOR

(574) 979-8766 Devine Phone #

Apr 14 1997 8:00am

Secretary of State