## 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 # POAGOGOGO

# **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90113 016 \*\*\*150.00

1. Corporation MAID TO	) CLEAN, INC.	Mailing Address							
•	1								
266 WILSHIRE BLVD., STE 131 266 WILSHIRE BLVD., STE 1 CASSELBERRY FL 32707 CASSELBERRY FL 32707						DO NOT WRITE IN THIS SPACE			
							IE IN THIS	SPACE	
						Date Incorporated or Qualifed     12/30/1993			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			plied For
21 26						59-3216474			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Re	
City & State	е	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country	Zip	Country	,		8. This corporation owes the curr	ent year Inta		
24	25 29		30			Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent	81	1		10. Name and Address of New I	Registered /	<b>ugent</b>	
DALTON OTTOTAL				Name					
DALTON, STEVEN K			82	Street	Addres	ess (P.O. Box Number is Not Acceptable)			
1510 ASPENWOOD ST. WINTER SPRINGS FL 32707				-	·				
AAHAI	IEN SPHINGS PL 32707		83						
			84 City				FL	85 Zip C	Code
agent. I ar SIGNATURE	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligation of the obligat	and title if applicable. (NOTE: Re	a Statules	). 		when reinstating)  ADDITIONS/CHANGES TO OF	DATE	1919	
TITLE			1.1 TITLE					Change	<b>X</b> Addition
NAME								-	[
STREET ADDRESS	1510 ASPENWOOD ST			1.3 STREET ADDRESS 15		OKSHA, MALITA S. 10 ASPENWOOD ST.			Ì
CITY-ST-ZIP	WINTER SPRINGS FL 32708		1.4 C(TY-ST-Z)P		w	NTER SPRINGS FL	3270	SC SC	1
TITLE			2.1 TITLE					Change	☐ Addition
NAME	22)		2.2 NAME						
STREET ADDRESS			2 3 STREET ADDRESS						
CITY-ST-ZIP			2. 4 CITY-ST-ZIP						
TITLE	DELETE 3.1		3.1 TITLE					☐ Change	☐ Addition
NAME			3 2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP		DELETE	3.4. CITY-5	ST-ZIP				Change	Addition
TITLE			4.1 TITLE					onlinge	
NAME			4.2 NAME	!					į
STREET ADDRESS			4.4 CITY-S	T ADDRESS					\$
CITY-ST-ZIP TITLE			5.1 TITLE	· · · · Ln	1			Change	☐ Addition
NAME		_	5.2 NAME						{
STREET ADDRESS			5.3 STREE	T ADDRESS					
			5.4 CITY- S	ST-ZIP					
TITLE	☐ DELETE 6		6.1 TITLE				<u> </u>	☐ Change	Addition
NAME			6.2 NAME			1			ļ
STREET ADDRESS			6.3 STREE	T ADDRESS					Ì

CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

407-767-2992