

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000005125 (7)

1. Corporation Name

AFTER HOURS CLEANING SERVICE, INC.



Principal Place of Business

Mailing Address

1395 NW 167TH STREET
STE. 204
MIAMI FL 33169

P.O. BOX 681183
NORTH MIAMI FL 33168

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

01/12/1994

3a. Date of Last Report

08/25/1995

4. FEI Number

65-0465474

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, EDDY J
3590 S. STATE RD. 7
SUITE 217
MIRAMAR FL 33023

81

Name

Eddy J. Allen

82

Street Address (P.O. Box Number is Not Acceptable)

1395 NW 167th Street

83

Suite

Suite 204

84

City

Miami

FL

85

Zip Code

33169

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 and title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ALLEN, JOE A
STREET ADDRESS 2040 NW 131ST ST.
CITY-ST-ZIP MIAMI FL 33167

TITLE D ☐ DELETE
NAME ALLEN, EDDY J
STREET ADDRESS 1583 SW 116TH AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE D ☐ DELETE
NAME ALLEN, MARIE
STREET ADDRESS 2040 NW 131ST ST.
CITY-ST-ZIP MIAMI FL 33167

TITLE D ☒ DELETE
NAME BROOKS, DARRYL
STREET ADDRESS 18725 NW 62ND AVE., UNIT 112
CITY-ST-ZIP MIAMI LAKES FL 33015

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Clifford Sanders
1.3 STREET ADDRESS 926 N.W. 58th Terrace
1.4 CITY-ST-ZIP Miami, FL 33127

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Janice M. Sullivan
2.3 STREET ADDRESS 801 S.W. 29 way
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33312

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-96 305-623-8963

DATE

PHONE NUMBER

CR2E034 (3/96)