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May 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000005125 (7)**

1. Corporation Name  
**AFTER HOURS CLEANING SERVICE, INC.**



Principal Place of Business <b>1395 NW 167TH STREET STE. 204 MIAMI FL 33169</b>	Mailing Address <b>P.O. BOX 681183 NORTH MIAMI FL 33168-1183</b>
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2. Principal Place of Business 21 <b>1675 N.W. 167th St.</b> Suite, Apt. #, etc. 22 <b>Ste 232</b> City & State 23 <b>Miami, FL</b> Zip 24 <b>33169</b>		2a. Mailing Address 26 <b>P.O. Box 681183</b> Suite, Apt. #, etc. 27 City & State 28 <b>Miami, FL</b> Zip 29 <b>33169</b>		3. Date Incorporated or Qualified <b>01/12/1994</b>		3a. Date of Last Report <b>08/08/1996</b>	
		4. FEI Number <b>65-0465474</b>		Applied For Not Applicable			
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>ALLEN, EDDY J. 1395 NW 167TH STREET STE. 204 MIAMI FL 33169</b>				10. Name and Address of New Registered Agent			
81 Name							
82 Street Address (P.O. Box Number is Not Acceptable)							
83							
84 City				85 Zip Code <b>FL</b>			

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 **Eddy Allen** and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  **Eddy Allen** President  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SANDERS, CLIFFORD 928 N.W. 58TH TERRACE MIAMI FL</b>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<b>C Joe Allen 2040 N.W. 131 street Miami, FL 33167</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SULLIVAN, JANICE M. 801 SW 29TH WAY FT. LAUDERDALE FL</b>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<b>P/T/D Eddy Allen 320 S.W. 100 Terr. Pembroke Pines, FL 33025</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALLEN, MARIE 2040 NW 131ST ST. MIAMI FL 33167</b>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	

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 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, upon an attachment with an address.

SIGNATURE:  **Eddy Allen** President 4.18.97 305-623-8863  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)