## 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 # P94000011938

1. Corporation Name

ROYAL OFFICE CLEANING, INC.

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90011 017 \*\*\*150.00



	·						
Principal Place of Business Mailing Address							
330 EASTWOOD TERRACE BOCA RATON FL 33431 BOCA RATON FL 33431							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
	•				02/09/1994		1
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	A	pplied For
21		26			65-0471922	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	, <u></u>			8.75	Additional
22		27			5, Certificate of Status Desired	Fee R	equired
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Zip Country Zip		Country		8. This corporation owes the current year Intang		_ 1
24	25 29 30			Personal Property Tax.			∐No
	9. Name and Address of Curre	nt Registered Agent	<u> </u>	T	10. Name and Address of New Registered Age	nt	
cou	I ACUTED EDED E	•	81	Name			1
SCHLACHTER, FRED E				Street Address (P.O. Box Number is Not Acceptable)			
330 EASTWOOD TERRACE BOCA RATON FL 33431							
BUU	A RAION PL 33431		83				
			84	City	18	5 Zip	Code
				1	<u> </u>		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, the	e abov	e-named co	orporation submits this statement for the purpose of cha ation's board of directors. I hereby accept the appointment	nging it ent as r	s registered egistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida	Statutes	i.	autoria board of directors. Thorotaly decopy, the appearance		-g
SIGNATURE		•••					
	Signature, typed or printed name of registered ag-			nt signature req	ruired when reinstating) DATE	UDEAT	000 111 40
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	Change	Addition
TITLE			1.1 TITLE		_	l Gurango	
NAME			1.2 NAME				•
STREET ADDRESS				T ADDRESS			Ì
CITY-ST-ZIP			I.4 CITY-S	T-ZIP		Change	Addition
TITLE			2.1 TITLE			Jonange	
NAME	00112101111102211		2.2 NAME		·		-
STREET ADDRESS	*** - *******			TADORESS	•		
CITY-ST-ZIP			2. 4 CITY-1	ST-ZIP		Change	Addition
TITLE	. —		3.1 TITLE			onongo	
NAME			3.2 NAME				Ì
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		Change	☐ Addition
TITLE	_ <u> </u>		L1 TITLE			1 annugu	
NAME .	· •	1	1, 2 NAME				
STREET ADDRESS	• •			TADDRESS			
CITY-ST-ZIP			1.4 CITY- S	T-ZIP		105	☐ Addition i
TITLE			5.1 TITLE		· r		
NAME					· <u></u>	] Change	
	•		5.2 NAME	T ADDDESS	· L	j Criange	
STREET ADDRESS	+		5.2 NAME 5.3 STREE	T ADDRESS	·	j Change	
STREET ADDRESS CITY-ST-ZIP			5.2 NAME			Change	Addition

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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition