

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000014219 (7)

1. Corporation Name

KLEEN-IT ENTERPRISES OF FLORIDA, INC.



Principal Place of Business

Mailing Address

8388 N.W. 70TH STREET
MIAMI FL 33166

8388 N.W. 70TH STREET
MIAMI FL 33166

2. Principal Place of Business

2a. Mailing Address

21 65 NW 122nd St

26 65 NW 122nd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City/State

27 City/State

23 33168

28 33168

24 33168

29 33168

25 Dade

30 Dade

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/17/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0480130

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

10. Name and Address of New Registered Agent

CYNTHIA L. SHERR P.A.

17901 NE 6TH AVE

20TH FLOOR

NORTH MIAMI BEACH FL 33162

2016 Harrison St.
Hollywood, FL 33020

81 Name

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

2016 Harrison St.

83

84

City

Hollywood

FL

85 Zip Code

33020

11. Pursuant to the provisions of Sections 607.0602 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

Cynthia L. Sherr

CYNTHIA L. SHERR PRESIDENT

3/9/96

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MANDEL, HOWARD
STREET ADDRESS 8388 N.W. 70TH STREET
CITY-ST-ZIP MIAMI FL 33166

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CITY-ST-ZIP

1. 1 TITLE
2. 1 NAME
3. 1 STREET ADDRESS
4. 1 CITY-ST-ZIP

2. 1 TITLE
2. 2 NAME
2. 3 STREET ADDRESS
2. 4 CITY-ST-ZIP

3. 1 TITLE
3. 2 NAME
3. 3 STREET ADDRESS
3. 4 CITY-ST-ZIP

4. 1 TITLE
4. 2 NAME
4. 3 STREET ADDRESS
4. 4 CITY-ST-ZIP

5. 1 TITLE
5. 2 NAME
5. 3 STREET ADDRESS
5. 4 CITY-ST-ZIP

6. 1 TITLE
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

Howard Mandel

Howard Mandel

4/17/96

305-687-1815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)