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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| | 1996 | D-VISION OF | CORPORATIONS | - 18 m da | |
|--|--|---------------------------------|-----------------------------------|--|--|
| DOCUMENT # P9400022933 (3) SPEED CLEANING, INC. | | | | | |
| SPEED | OLEANING, INC. | | | A HARINARU NIR HANKI ROBIN ARINK ARINK | BANK BAKA KANA MANA MUNA MUNA MKI KANA |
| Principal Place of Business | | Maling Address | | | |
| 990 S ROGERS CIR | | * | | | |
| 5 | | 990 S ROGERS CIR #5 | | | |
| BOCA RATON FL 33487 US | | BOCA RATON FL 33487 US | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| | | | | 03/24/1994 | 08/10/1995 |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt. #, etc. | | 26 Suite. Apt. #, etc. | | 65-0481373 | Not Applicable |
| 22 | , 00. | 27 | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | 3 | Orty & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | ······ | Trust Fund Contribution | Added to Fees |
| Zip 24 | Country | <i>Ζ</i> φ | Country | 8. This corporation has liability for | - |
| 24 | 9. Name and Address of Curre | 29 29 Agent | 30 | Florida Statutes Yes 10. Name and Address of New F | No |
| | | | 81 Name | To. Name and Address of New 1 | logistered Agent |
| CORPOR | RATION SERVICE COMPANY | | 82 Street A | Address (P.O. Box Number is Not Acceptate | No. |
| 1201 HA | | | 62 Street A | address (r.o. box Number is Not Acceptat | не) |
| | ASSEE FL 32301 | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| 44 Divergent | to the provisions of Carting CO7 OCO | 0 - 10024500 ft 14 0 | | | ▶ L∤∤ |
| or register | ed agent, or both, in the State of Hor | 10a - Such change was authorize | ed by the corporation's t | rporation submits this statement for the pur poard of directors. Thereby accept the app | rpose of changing its registered office ointment as registered agent. I am |
| tarniliar wit | th, and accept the obligations of, Sec | Lon 607.0505, Florida Statutes | - | | |
| SIGNATURE | Signature, typed or protect have of registeric, ager | 4 and their applicance (NO | TE. Brightenal Apart signation to | prosed when recordating | CIATE |
| 12. | OFFICERS AN | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS IN 12 |
| TITLE | D | DELETE | 1 1 10 LE | | Change Addition |
| NAME | ESTES, DAN | | 1.2 NAME | | |
| STREET ADDRESS | 990 \$ ROGERS CIRCLE #5 | | 1.3 STREET ADDRESS | | |
| CITY - ST - ZIP TITLE | BOCA RATON FL | ☐ DELETE | 1.4 C-1Y - \$1 - ZIP 2.1 TITLE | | Change Addition |
| NAME | | occirc | 2 2 NAME | | ChangeAudition |
| STREET ADDRESS | | | 2 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2.4 City-St-ZiP | | |
| TITLE | | DELETE | 3. 1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | FT DOLLER | 3 4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 4. 1 TITLE | | Change Addition |
| NAME Street adoress | | | 4.2 NAM(| | |
| CITY-ST-ZIF | | | 43 STREET ADDRESS | | |
| TITLE | | DELETE | 44 CHY+SI-ZIP 5 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY ST ZIP | | | 5.4 CITY-S! - ZIP | | |
| TITLE | | Donete | 6 1 Ti*LE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 CITY ST-7IP | | |

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 of director of the corporation of the corpor

CR2E034 (12/95)