FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

SUITE 241

6574 NORTH ST RD 7

COCONUT CREEK FL 33073-3625

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business 8574 NORTH ST RD 7

COCONUT CREEK FL 33073

information indicated on this Lam an officer or director appears in Block 12 or B

SIGNATURE'

SUITE 241

DOCUMENT # P94000028199 (5)

WEST COAST CLEANING, INC.

04/13/1994 04/25/1996 2. Principal Piace of Business 2a. Mailing Address 4. FEI Number Applied For 65-0485600 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 6. This corporation has liability for intangible to under s. 199.032, Yes 🗹 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SHERR, CYNTHIA L P.A. 2016 HARRISON ST 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH FL 33020 83 City Zip Code 85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Type the point dinalse of registered agord and take if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 96/6 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1111118 Till:F FRIEDMAN, ROBERT 1.2 NAME NAME 8388 NW 70TH ST 13 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CHY-SI-ZE Change Addition 2.1 TITLE THEF NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST-ZIP CHT-ST ZP Change Addition DELETE 3 1 TITLE THE M/Mi. 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST-ZIP DELETE Change Addition 4.1 TITLE THUE 4 2 NAME NAM STREET ACIDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP City St-Zer DELETE Chapne Addition THE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STEEL ADORESS 5.4 CITY - ST-ZIP CHY ST ZIE DELETE Addition 61 TITLE TILLE 6.2 NAME MAM 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the opplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the deceiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do nereby certify that the

FILED Mar 12 1997 8:00am Secretary of State

3a. Date of Last Report



3. Date Incorporated or Qualified