## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000028663 (0)

SOUTHERN WINDOW OF FANING INC

APPROVED AND FILED

97 JUL 30 PM 3: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SOUTHERN WINDOW CLEANING, INC.					I sarikah ing saki bahi bahi bahi bahi bahi bahi bahi bah			
Principal Place of Business		ISIN BIBA BONI SBIN BONA	ABINE (1884 18410 BUILD BU					
948 BAYPORT DR 4162	Mailing Ac	4162	Bob White	Trail				
MISSIMMEE FL SATSO ST. Cloud, FL MISSIMMEE FL SATSO-ST. Cloud, FL								
34772					DO NOT WRITE IN THIS SPACE			
	5-17/ac			3. Date Incorpor	3. Date Incorporated or Qualified 3a. Date of Last Re		leport	1
				04/13/199	4	04/26/1996		_
2. Principal Place of Rusines		~	12.	4, FEI Number		Ar	oplied For	
21 Alba Bob	White Trail 26 416		hite Irai	59-3236	192	No	ot Applicable	_
Suite, Apt. #, etc.	}	Apt. #, etc.		5, Certificate of	Status Desired	4 1 '	Additional	
22	27			•		Fee Ro	equired	4
23 St. Coud	, FL 28 St	Cloud.	FL	6. Election Camp Trust Fund Co			May Be to Fees	
Zip Country Zip Country					8. This corporation owes or has paid the current year Intangible			
24 34772 25	115H- 20 34	<b>クフ2</b> 30	11.5.4	· '	oerty Tax due June 3		No	-
9. Name an	nd Address of Current Registered A	gent		10, Name and A	ddress of New Regi	stered Agent		_]
HUNT, MONIQUE			81 Name					1
648 BAYPORT-D	- 4162 Bob W	rite Trai	82 Street Ac	Idress (P.O. Box Numb	er is Not Acceptable	<u> </u>		-
KISSIMMEE FL 3		E1 8477	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		crio rioi ricceptacie	• •		
	31.12(000)	, ~ 5477	83					7
			84 City			85 Zip	Code	4
			U4 City				COUG	
office or registered agen	s of Sections 607.0502 and 607.1508 it, or both, in the State of Florida. Such and accept the obligations of, Sectio	h change was auth	orized by the corpo					]
SIGNATURE	,							
Signature, lyped or p	printed name of registered agent and life if applical.	ile. (NOTE: Re	g stered Agen; signature re			DA1E	·	]_
12.	OFFICERS AND DIRECTORS	TT priese	13.	ADDITIONS/CI	IANGES TO OFFICE			- 6
TOLE	ice Tresident	DELETE	110111			Change	Addition	CR2E034 (4/97
NAME HUNT, MO	NICULE DAT DR. 4162 BOB WI	hite Trail	12 NAME					8
STREET ADDRESS 1948 BAYF		L 34712	1.3 STREET ADDRESS					ıχ
CITY-ST-ZIP -KIGSIMMET	Ft st. Cloud, F		1.4 CiTY - ST - ZiP	<del></del>		Chapte	Laddition	兴
TITLE		DELETE	2.1 TITLE			[_] Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREFT ADDRESS					}
CITY-ST-ZIP		DELETE	2 4 CITY- ST-ZIP	<del></del>		Chanca	1 Addition	4
TITLE		☐ DELETE	31 TITLE			Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					ļ
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP			Channa	Addition	4
TITLE		☐ DELETE	4.1 TITLE			☐ Change	MODITION	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS	1.				ļ
CITY-ST-ZIP		DECETE	4 4 CITY-ST-ZIP	21-1		Channel	Addition	-
TITLE		DELETE	5.1 TITLE	100 VI		Change	L_J AGGILION	
NAME		ı	5.2 NAME	<b>X</b> '				
STREET ADORESS		İ	5.3 STREET ADDRESS	\$0.31\				
CITY-ST-ZIP		Drugg.	5.4 CHY-SI-ZIP				7.100	4
TITLE		DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS		1	6.3 STREET ADDRESS	E RALLE	k			
CITY-ST-ZIP		I	6.4 CITY-ST-ZIP	BANK	~ 165.00			1

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 eath; 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 3 if changed, or on an attachment with an address.