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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400035582 (3)

AGAPE CLEANING SERVICES, INC.

FILED May 13 1997 8:00am Secretary of State



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1430 AVON LI #411	ANE:		1430 AV0	IN LAINE			1			
N. LAUDERDA	ILE FL		N. LAUDE	RDALE FL 330	68-5544					
							3. Date Incorporated or Qualifiz		e of Last Re	eport
9 Procinal I	Place of Business		2. Mailir	a Address			05/11/1994 4. FEI Number	1 0//0	2/1996	plied For
2. rungipaci !1	riace of phoness		26	ig Address			65-0489621			t Applicable
Suite, Apt	#, etc.			Apt. #, etc.				<u></u>	\$8.75	
2			27				5. Certificate of Status Desired		Fee Re	
City & Sta	ile		City &	State			6. Election Campaign Financing	}	\$5.00	May Be
23			28				Trust Fund Contribution		Added t	o Fees
2ιρ	Cou	ntry	Zip		Cou	ntry	8. This corporation has liability			199.032,
4	9. Name and Ad	droop of Curron	29	Apant	30		Florida Statutes 10. Name and Address of New		%	
		uress of Currer	ii negistereo	Agent		81 Name	10. Name and Address of New	negistered At	Sour.	
VIN	ICENTE, LUISA									
	30 AVON LANE					B2 Street A	ddress (P.O. Box Number is Not Accep	otable)		
#4		2000				83				·
N.	LAUDERDALE FL 3	3000								
	٠,					84 City		CI	85 Zip (Code
44 Durauman	t to the provisions of S	ections 607 050	12 and 607 160	IR Florida Stat	utoc the c	nove named o	percentage submits this statement for the	ne purpose of	changing it	registered
office or	registered agent, or b	oth, in the State	of Florida, Su	ch change wa	s authorize	d by the corpo	corporation submits this statement for the oration's board of directors. I hereby ac	cept the appo	intment as	registered
agent. L	am tamiliar wah, and a	accept the oblig	audits di, seci	on 607.0303,	riunda əlai	utes.				
agent. I. SIGNATURE.										
SIGNATURE.		anse of registered ag	ont and title if applic	able. (N	OTE: Registere		equired when reinstating)	DATE		
SIGNATURE.		anse of registered ag		able. (N		d Agent signature re		DATE FICERS AND		
SIGNATURE. 12. IIILE	Signature, typed or prictics of	ame of registered ag OFFICERS AN	ont and title if applic	able. (N	OTE: Registere	d Agent signature re	equired when reinstating)	DATE FICERS AND	DIRECTOR	S IN 12
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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.

SIGNATURE: