1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90268 050 ***150.00

N & N C	CLEANING SERVICES CO	RP.				
Principal Place	e of Business	Mailing Address			## iiii# i#iii ##ii# i	-515 6111 (201
10101 W. OKEE	ECHOBEE RD	10101 W. OKEECHOBEE R	D			
#4101 HIALEAH GARDENS FL 33016		#4101 Hialeah Gardens FL 3:1016		DO NOT WRITE IN THIS SPACE		
US	JENIS FL SJUTO	US	UIO	3. Date ir corporated or Qualifed		
00				05/24/1994		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Арр	lied For
21		26		65-0487169		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ac Fee Rec	
22		27				
City & State	e	City & State		6. Election Campaign Financing	\$5.00 h Added to	
23	Country		Country	Trust F und Contribution		1 663
Zip	Country	 	30	This corporation owes the current year Persor al Property Tax.		∃No
24	9. Name and Adcress of Cur	rent Registered Agent	[30]	10. Name and Address of New Registers		
	J. Marile dise Propries		81 Name			
ARR	ILLAGA, NELSON R.		92 Ct A A	dress (P.O. Bo): Number is Not Acceptable)		
10101 W OKEECHOBEE RD #4101)1	82 Street Ade	aress (P.O. Box Number is Not Acceptable)		
HIAL	EAH GARDENS FL 33016		83			
			94 City		. 85 Zip C	ode
			84 City	r	1 00 Zip C	oue
		OCON and COZ 1509 Florida Statut	ton the above named co	reporation submits this statement for the purpose	of changing its	egistered
office or re agent. I a	registered agent or both, in the Sta im familiar with, and accept the obl	ate of Florida. Such change was a digations of, Section 607.0505, Flo	orida Statutes.	riporation submits this statement for the purpose attori's board of directors. I hereby accept the application of the purpose	of changing its appointment as rec	egistered istered
office or reagent. I as	registered agept of both, in the Sta im familiar with, and a coept the obl Signature, typed of printed name of registered	ate of Florida. Such change was a digations of, Section 607.0505, Flo	tes, the above-named control to the corpor a control to the corpor a corpor	2	-17-9	2
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.(7(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 oath; that I am an office 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDF ESS