

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000043181

1. Corporation Name

KLEEN RITE JANITORIAL, INC.

Principal Place of Business

7744 PETERS RD
#178
PLANTATION FL 33324
US

Mailing Address

7744 PETERS RD
#178
PLANTATION FL 33324
US

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

OKCHA CHO
3474 N UNIVERSITY DR #409
SUITE 409
SUNRISE FL 33351

81 Name OKCHA CHO

82 Street Address (P.O. Box Number is Not Acceptable)

7744 PETERS RD, SUITE #178

83

84 City PLANTATION

FL

Zip Code 33324

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE OKCHA CHO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/11/1999

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ST ZIP	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CHO, PERRY 3474 N. UNIVERSITY DR. #409 SUNRISE FL 33351	(11/11/99 7607 RD) #178	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
ST ZIP	DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	OKCHA CHO 3476 N UNIVERSITY DR #409 SUNRISE FL	PLANTATION FL 33324	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
ST ZIP		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
ST ZIP		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
ST ZIP		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
ST ZIP		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

I 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 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, with all other like empowered.

SIGNATURE: OKCHA CHO

OKCHA CHO

1/11/1999 954-797-7607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)