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

Mailing Address

D.O. POV 100742

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000051393

1. Corporation Name

Principal Place of Business

SCEE NE OTH AVE

BROWARD JANITORIAL SERVICES, INC.

APT. 3		FT. LAUDERDALE FL 33310			DO NOT MOUT	- IN TUIC C	SDACE	
FT. LAUDERDALE FL 33334					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
8 B: : (B)	- A Duning	2a. Mailing Address			07/12/1994 4. FEI Number			Applied For
<del></del>		├ <del>-</del> ¬ "	├ <del></del>		65-0508887			Not Applicable
21 Suito Ant	# oto	Suite, Apt. #, etc.			05 0500007			Additional
Suite, Apt. #, etc.		27			5. Certifcate of Status Desired		Fee I	Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Country		8. This corporation owes the curre	nt year Inta	ngible	
24	25 29 30		0	Personal Property Tax.				
<b>'</b>	9. Name and Address of Currer	nt Registered Agent		,	10. Name and Address of New Re	gistered A	gent	
5.0.			81	Name				
DUNCANSON, DANIEL 5922 NW 21ST ST LAUDERHILL FL 33313			82	Street Add	Address (P.O. Box Number is Not Acceptable)			
			83					
			84	City			85 Zi	p Code
				•		FL_	<u> </u>	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	norized by	the corporati	poration submits this statement for the poor's board of directors. I hereby accept	the appoin	manging tment as	registered
SIGNATURE						DATE		
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.			nt signature require	ADDITIONS/CHANGES TO OFF		DIREC'	TORS IN 12
12.	D OFFICERS AI	DELETE	1.1 TITLE		ABBITTOTO, O. H. H. G. E. G. C.	7027.10	Chang	
NAME	DUNCANSON, DANIEL M	_	1.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			1.4 CITY-S					
TITLE			2.1 TITLE				Chang	e Addition
NAME	· .		2.2 NAME					
STREET ADDRESS	<b>5922 NW 21ST STREET</b> 235		2.3 STREE	TADDRESS				
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				Chang	e Addition
NAME			3.2 NAME					]
STREET ADDRESS			3.3 STREE	TADDRESS				}
CITY-ST-ZIP			3.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Chang	je 🗌 Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP	·		4.4 CITY-S	T-ZIP				na Chadisia -
TITLE		☐ DELETE	5.1 TITLE	1			☐ Chang	ge Addition
NAME			5.2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP		T BELETE	5.4 CITY-S 6.1 TITLE	1-ZIP			Chang	e Addition
TITLE		☐ DELETE	1				Chang	e [] Addition
NAME			6.2 NAME	ı	· ·			[

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this fifing 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 open attachment with an address, with all other like empowered.

05-17-1999 90044 024 \*\*\*150.00