## 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

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9400063107 (4)

MARY'S CLEANING SERVICE OF OCEAN REEF, INC.

## **FILED** Sep 16 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address			!		
23100 S.W. 172ND STREET			23100 S.W. 172ND STREET				
GOULDS FL 33	170	GOULDS FL 33170			DO NOT WRITE	INI TUIC COACE	
					3. Date Incorporated or Qualified		nt Bonari
					'	3a. Date of Last Report 03/19/1996	
9 Principal D	Place of Business	2a. Mailing Addres			08/26/1994 4. FEI Number	1 03/19/199	
2. Frincipal P	172 Lt				65-0521005	-	Applied For
	13/00 5 W 172 CT 26 Sairn to Suite, Apt. #, etc.				0070021000		Not Applicable
27					5. Certificate of Status Desired	Fee Required	
City & Stat	1d \$ 1 / 171 28				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Bo Added to Fees	
zip 33/	70 25 Country du	2ip Country <b>30</b>		У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No		
21 -	9, Name and Address of Curre				10. Name and Address of New Reg		
LIFR	ERMAN, STEVEN		8	Name			
	S. DADELAND BLVD.		<u> </u>	<u> </u>			
SUITE 1619			8:	Street Add	Address (P.O. Box Number is Not Acceptable)		
	A FL 33156		8:	3			
MAN	m: 1 & 00 100						
			84	City		FL B5	Zip Code
11. Pureuant	to the provisions of Sections 607.05	02 and 607 1508. Florida	Statutes the above	/e-named cor	poration submits this statement for the pr	rroose of changi	no its regist
Office or r	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change	was authorized b	ov the corpora	ation's board of directors. I hereby accep	t the appointmen	t as registered
SIGNATURE	Signature, typed or printed name of registered ag	port and title if applicable	(NOTE: Registered A	gent signature requ	ured when reinstaling)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
TITLE	PD	☐ DELE	TE 1.1 TITLE			☐ Chai	nge 🔲 Ad-jitio
NAME	ARKIN, MARY		1.2 NAME				1
STREET ADDRESS	23100 S.W. 172ND ST.		1.3 STREE	T ADDRESS			1
CITY-ST-ZIP	GOULDS FL 33170		1.4 CITY-	ST-ZIP			<u> </u>
TITLE	STD	☐ DELE	TE 2.1 TITLE			☐ Char	nge 🗌 Adaitio
NAME	ARKIN, LESLIE		2.2 NAME				7.
STREET ADDRESS	23100 S.W. 172ND ST.		2.3 STREE	T ADDRESS			į
CITY-ST-ZIP	GOULDS FL 33170		2. 4 CITY	-ST-ZIP			ì
TITLE		DELE	TE 3.1 TITLE			Chai	nge 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS	1		3 3 STREE	T ADDRESS			
CITY-ST-ZIP	l		3 4. CITY	ST-ZIP			
TITLE		☐ DELE	TÉ 4.1 TITLE			Char	nge 🔲 Addition
NAME			4 2 NAM	:			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELF				Char	nge Addition
NAME	)		5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY - ST - ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELE	TÉ 6.1 TITLE			Char	nge Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY -	ST- ZIP			
14 Ldo bere	by certify that the information supplied	ed with this filing does no	Loughty for the av	emption state	d in Section 119.07(3)(i), Florida Statutes	I further certify	that the
information I am an o appears	on indicated on this annual report or officer or director of the corporation of in Block 12 or Block 13 if changed in	supplemental annual report the report or trustee and the report of trustee and the supplemental annual report of the supplemental annual repor	ort is true and acc empowered to ex- appaddress:	surate and tha cute this repo	at my signature shall have the same legal ort as required by Chapter 607, Florida Si	effect as if made atutes; and that i	under oath tha My name
appaa 3	in Block 12 or Block 13 if changed,	proceeding	TWW	-u	0 12 05	,	
CIGNIAT	TUDE, SIGN	LATHEF EI	-OHRE	F)	9-12-97	•	