SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 97 APR 29 PM 3: 14 **DIVISION OF CORPORATIONS** DOCUMENT # P94000067601 (2) SECRETARY OF STATE TALLAHASSEE, FLORIDA D & S GENERAL CLEANING CORPORATION Principal Place of Business Mailing Address 641 EAST 10 PLACE 641 EAST 10 PLACE HIALEAH FL 33010 HIALEAH FL 33010 3. Date Incorporated or Qualified 3a. Date of Last Report 09/14/1994 08/07/1995 2. Principal Place of Business Mailing Address 4. FEI Number Applied For Dog 5 Suite, Apt. #, etc 4174-10-960 65-0519900 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 ROMAN, SANDRA 641 EAST 10 PLACE 62 **FIALEAH FL 33010** 83 84 Zip Code City 85 33*011* 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 Stgr ature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulred when reinstating) 42. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE 1.1 TITLE TITLE ROMAN, SANDRA 1.2 NAME NAME 641 EAST 10 PLACE STREET ADORESS 1.3 STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Addition THUE 800002173428 ---05/09/97--01106--003 NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS ****225.60 ****365.00 2.4 City - ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TILLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-20P DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 61 TITLE TITLE 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I do hereby ceruly that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual reportor 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attachment with an address. that my name appears in Block 12 or

> (91170) F BIGNING OFFICER OF DIRECTOR

SIGNATURE: SIGNATURE AND TYPED

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CP