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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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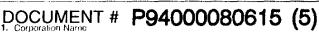
Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997



1. Corporation Name SPOTLESS INCORPORATED Principal Place of Business Mailing Address 10117 W. OAKLAND PARK BLVD. SUITE 397 SUNRISE FL 33351 SUNRISE FL 33351 SUNRISE FL 33351 SPOTLESS INCORPORATED Mailing Address 10117 W. OAKLAND PARK BLVD. SUITE 397 SUNRISE FL 33351 SUNRISE FL 33351						
				3. Date Incorporated or Qualified 11/03/1994	3a. Date of Last Report 08/05/1996	
——¬	rlace of Business	2a. Mailing Address		4. FEI Number 65-0538313	Applied For Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.	الهدر اللهوي الورود ال	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	Country	Trust Fund Contribution	Added to Fees	
Ζφ 24	Country 25	Ζιρ 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, JYes ☑No	
	9. Name and Address of Curre			10. Name and Address of New Re	gistered Agent	
RAMJATTAN, GEETA 10117 W. OAKLAND PARK BLVD.				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)		
	TE 387 NRISE FL 33351		83			
501	NRISE FL 33331			<u> </u>		
			84 City		FL 85 Zip Code	
office or a agent. I a	registered agent, or both, in the Statem familiar with, and accept the obli-		authorized by the corpora- Florida Statutes. DTE: Registered Agent signature requ	rporation submits this statement for the pation's board of directors. I hereby acception when reinstating)	pt the appointment as registered	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TIFLE	D DATE OF COME	DELETE	1.1 TITLE		Change Addition	
NAME	Ramjattan, Geeta 10117 W. Oakland Park E	2) V/D #287	1,2 NAME			
STREET ADDRESS CITY ST-ZIP	SUNRISE FL 33351	JETU, TOUT	1.3 STREET ADORESS 1.4 CITY - ST - ZIP			
DILF	D	DELETE	21 TITLE		Change Addition	
NAME	RAMJATTAN, SHELDON V		2 2 NAME			
STREET ADDRESS	10117 W. OAKLAND PARK E	BLVD., #387	2.3 STREET ADDRESS			
CITY-ST-ZIF	SUNRISE FL 33351	Drugge .	2. 4 CITY - ST - ZIP		1105	
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - S1 - ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition	
NAME	i		4. 2 NAME	•	_ + -	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - S1 - ZIF			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-SI-7IF			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAMÉ	1		6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
City-St-Z#	Į.		6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filling 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.