

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

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97 JUL -2 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *PA40000090419*
1. Corporation Name
Nyack's Cleaning Service Inc.

Principal Place of Business Mailing Address
*18235 NW 21st St.
Pembroke Pines Fl.
33029* *18235 NW 21st St.
Pembroke Pines Fl.
33029*

2. Principal Place of Business 21 <i>Same as above</i> Suite, Apt #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 <i>Same as above</i> Suite, Apt # etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified <i>12/14/94</i>	3a. Date of Last Report <i>5/96</i>
4. FEI Number <i>65-0550913</i>	Applied For Not Applicable
5. Certificate of Status Desired <i>No</i> <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <i>No</i> <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
*Taylor, Michael
80401 NW 2nd Avenue Suite 208
Miami Fl. 33169*

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<i>President Lenox Nyack</i>
STREET ADDRESS	<i>18235 NW 21st Street</i>
CITY- ST- ZIP	<i>Pembroke Pines Fl 33029</i>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<i>Vice-President Marcum Nyack</i>
STREET ADDRESS	<i>18235 NW 21st Street</i>
CITY- ST- ZIP	<i>Pembroke Pines Fl 33029</i>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	<i>400002232874--0</i>
21 TITLE	<i>-07/08/97-01064-014</i>
22 NAME	<i>****165.00 ****165.00</i>
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<i>A. Alan</i>
62 NAME	<i>7/2/97</i>
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: *Lenox Nyack (Lenox Nyack-PD)* *6/21/97* *Cell: 850-0720*

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone # *HM: 954-436-8320*

CR2E034 (9/96)

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18235 NW 21st Street.,
Pembroke Pines, Florida 33029.
May 15, 1997.

Division of Corporations,
P.O. Box. 6327
Tallahassee, Florida 32314.

TO WHOM IT MAY CONCERN:

Due to the change of address of Nyack's Cleaning Service, I did not receive the necessary form to renew my corporation for the year 1997. Upon speaking to a representative from your office via telephone I was instructed to mail a cheque for the amount of \$165.00, the necessary amount to renew the corporation.

I am also enclosing a change of address form indicating my new address.

Yours Sincerely,

..... *Lenox Nyack*
(Lenox Nyack- President of Nyack's Cleaning Service)