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

\* PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000090675 (7)

AVAILABLE CLEANING SERVICES, INC.

Principal Place of Business Mailing Address 6880 FALCONSGATE AVENUE DAVIE FL 33331  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 12/14/1994  2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27 Soute, Apt. #, etc. 28 City & State City & State City & State 29 28 Trust Fund Contribution Added to Feed 21 29 29 30 Personal Property Tax due June 30.
DAVIE FL 33331  DAVIE FL 33331  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 12/14/1994  2. Principal Place of Business  2a. Mailing Address 25
3. Date Incorporated of Qualified 12/14/1994  2. Principal Place of Business 2a. Mailing Address 25
2. Principal Place of Business  3. Applied For  4. FEI Number  6. Fel Number  5. Certificate of Status Desired  6. Election Campaign Financing Fee Required  7. Trust Fund Contribution  7. Abded to Fees  7. Added to Fees  8. This corporation owes or has paid the current year Intanglible Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Name  8. Name  8. Name  8. Name  8. Name  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)
25 Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Country  Zip  ANDINO, NELSON 6880 FALCONSGATE AVENUE DAVIE FL 33331  26 Suite, Apt. #, etc.  Suite, Apt. #
Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  City & State  City & State  City & State  28  Country  Zip  Country  29  30  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  30  Reference Required  Fee Required  \$5.00 May Be Added to Fee Required  Added to Fee Required  Added to Fee Required  Country  3. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  ANDINO, NELSON  6880 FALCONSGATE AVENUE  DAVIE FL 33331  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  B1 Name  83 Street Address (P.O. Box Number is Not Acceptable)  FL 85 Zip Code
Solution   Status
Trust Fund Contribution Added to Fees  Zip Country Zip Country 8. This corporation owes or has paid the current year Intansible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent  ANDINO, NELSON 6880 FALCONSGATE AVENUE DAVIE FL 33331  81 City  Trust Fund Contribution Added to Fees  Added to Fees  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  83 FL 85 Zip Code
24 25 29 30 Personal Property Tax due June 30. Yes Who  9. Name and Address of Current Registered Agent  ANDINO, NELSON 6880 FALCONSGATE AVENUE DAVIE FL 33331  81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 85 Zip Code
9. Name and Address of Current Registered Agent  ANDINO, NELSON 6880 FALCONSGATE AVENUE DAVIE FL 33331  81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83   84 City   FL   85   Zip Code
ANDINO, NELSON 6880 FALCONSGATE AVENUE DAVIE FL 33331  81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83  84 City  FL 85 Zip Code
6880 FALCONSGATE AVENUE DAVIE FL 33331  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code
DAVIE FL 33331  83  84 City  FL 85 Zip Code
84 City FL 85 Zip Code
FL
11 Purguent 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 recisioned
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 reinstaling)  DATE  OFFICIONS AND DIRECTORS AND DIRECTORS
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE 1.1 TITLE Change Addition
NAME ANDINO, NELSON 1.2 NAME
STREET ADDRESS 6880 FALCONSGATE AVENUE 1.3 STREET ADDRESS
CITY-ST-ZIP DAVIE FL 33331 1.4 CITY-ST-ZIP
TITLE VD DELETE 2.1 TITLE Change Addition
NAME ANDINO, EMMA 22 NAME
STREET ADDRESS 6880 FALCONSGATE AVENUE 2.3 STREET ADDRESS
CITY-ST-ZIP         DAVIE FL 33331         2.4 CITY-ST-ZIP           TITLE         STD         DELETE 3.1 TITLE         Change Addition
NAME GASKINS, JENNY 3.2 NAME
STREET ADDRESS 6880 FALCONSGATE AVENUE 3,3 STREET ADDRESS
CITY-ST-ZIP DAVIE FL 33331 34. CITY-ST-ZIP
TITLE DELETE , 4.1 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE DELETE ; 5.1 TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS 5.4 STREET ADDRESS 5.4 STREET ADDRESS 5.5 STREET ADDRES
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE DELETE 61 TITLE Change Addition
TITLE DELETE 6.1 TITLE Change Addition  NAME 6.2 NAME

14. I 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 it, 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 12 fit changed, oyon an attachment with an address.