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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500009376 (1)

CLEAN WINDOWS, INC.

Principal Plac	e of Busines	ss	Mailing Ad	Mailing Address					- 1 1001/1681 (10 10 10 1 11)   10 11)   10 11)   10 11				
8343 BLUE CY LAKE WORTH		E		8343 BLUE CYPRESS DRIVE LAKE WORTH FL 33467-6254									
									3. Date Incorporated or Qualified 02/03/1995	1	ate of Last 16/1996		
2. Principal P	Place of Busin	ness	26. Mailing Address					4. FEt Number			Applied For		
Suite, Apt.	# etc	······································	Suite, Apt #, etc.					65-0564535			Vot Applicable		
22	R, DIO.		27					5. Certificate of Status Desired			Additional Required		
City & Stat	e		City & State					6. Election Campaign Financing			_ <del></del>		
23			28					Trust Fund Contribution			May Be to Fees		
Zip	Zip Country			Zip Cou			,	8. This corporation has liability for intart					
24	26		29	29 30					Florida Statutes Yes No			3. 133.032,	
	9. Name	and Address of Currer	nt Registered A	gent					10. Name and Address of New Re-	istered	Agent		
RÖI	MM, MICHA	lel r				81	Name	9					
218	9 S.E. 9TH	ST.					Street	I Addre	ess (P.O. Box Number is Not Acceptable)				
POI	MPANO BE	ACH FL 33062											
						84	City				85 Zip	Code	
<del></del>				1 1					FL	.     '			
11. Pursuant office or r	to the provis	sions of Sections 607.050 sent, or both, in the State	92 and 607.1508 ⊢of Florida. Suct	, Florida Statui i change was	tes, the at authorized	ove vd b	e-name	d corpo	ration submits this statement for the p on's board of directors. I hereby accep	urpose of	changing	its registered	
agent. I a	ım familiar w	ith, and accept the oblig	ations of, Sectio	n 607.0505, FI	orida Stat	utes	3.		The second of emotions and the second	t the upp	O MATION G	is registered	
SIGNATURE													
12.	Signature, typed	or printed name of registered age OFFICERS AN				istered Agent signature require		re required	ADDITIONS/CHANGES TO OFFIC	DATE	DIDEOTO	DO IN 10	
TITLE	nv	DV		DELETE		1.1 TOLE		T	ADDITIONS/CHANGES TO OFFIC	ENS AND	Change		
NAME	HANKIN,	JRWIN		<del>-</del>			1.2 NAME				Onlings	☐ XO3IIIOII	
STREET ADDRESS 8343 BLUE CYPRESS DR.							1.3 STREET ADDRESS						
CITY-ST-ZIP		ORTH FL 33467			1.4 CI								
TITLE	DV			DELETE	2.1 1/1		1-611	<del>                                     </del>			Change	☐ Addition	
NAME	ROMM, I	erik			2.2 NA	мс							
STREET ADDRESS		UE CYPRESS DR.					ADDRESS						
CITY-ST-ZIP	LAKE W	ORTH FL 33467			2. 4 CI								
TITLE		<del></del>		DELETE	3.1 717	_		<b></b> -	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	
NAME					3.2 NA	ME		1			,		
STREET ADDRESS					3.3 ST	REET	ADDRESS						
CITY-ST-ZIP					3.4 Cl	TY-S	1 - ZIP						
TITLE				☐ DELE1E	4.1 TII	LE		1			Change	Addition	
NAME					4.2 N	AME						İ	
STREET ADDRESS					4.3 ST	REFT	ADDRESS						
CITY-ST-ZIP					4 4 CH	Y-\$1	T-ZIP						
TITLE				DELETE	5 1 TIT	ιŧ					Change	Addition	
NAME					5 2 NA	Mε							
STREET ADDRESS					5 3 51	REET.	ADDRESS						
CITY-ST-ZIP		·			5400	Y - S1	I - ZIP	<u> </u>					
TITLE				DELETE	6.1 TIT	LF					Change	Addition	
NAME					6.2 NA	ME							
STREET ADDRESS					6.3 \$1	REE 1.	ADDRESS	1					

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 eath; 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.

6.4 C(1Y - S1 - Z)P