## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P95000020898 (9)

SOUTH FLORIDA COMMERCIAL CLEANING, LTD, INC.

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Principal Place	rincipal Place of Business Mailing Address				a imperiode tim smint migre divisi dibiti	40tt) 004t0 5t0t1 00t01 t1	1118 18181 1814 1881	
4324 NW 6 ST DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442								
			_		3. Date Incorporated or Qualified 03/13/1995	3a. Date of Last	Report	
2. Principal Pla		2a. Mailing Address			4. FEI Number	•	Applied For	
	INDIAN RIVER 1		in Riv	en Kun	45-0567559		Not Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc. 27 •			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		City & State	t			6. Election Campaign Financing \$5.00 May Be		
23 BOYN7	TON BEACH, FL	28 BOYNTON BE			Trust Fund Contribution		led to Fees	
24 33 <i>4</i>	737 25 USA	29 <b>33437</b> 3	Country 10 <b>US</b>		8) This corporation has liability for in Florida Statutes		s 199.032,	
24 334	9. Name and Address of Cu			<u> </u>	10. Name and Address of New R		<del> </del>	
<del></del>			81	Name		agiotorou rigorit		
	DONALD E	287 Indian River R	82 لون	Street Addre	ess (P.O. Box Number is Not Acceptable	le)		
_4324-NV	V-16-51	DYNTON BEACH, F	. 1					
		33437	84	City		<b></b> 85 2	Zip Code	
			[			FL   "	• • •	
or registere	ed agent, or both, in the State of	5002 and 607.1506, Florida Statules, Florida. Such change was authorized I Section 607.0505, Florida Statutes.	by the corp	poration's board	ation submits this statement for the purp d of directors. I hereby accept the appo	pose of changing its intment as registere	registered office ad agent. I am	
SIGNATURE _	Signature, typed or printed name of registered	arount and title if and cable (NOTE: I	Bagistered Age	nt signature required	when reinstation	DATE		
12.			13.	- it signature to the party	ADDITIONS/CHANGES TO OFFI		ORS IN 12	
TITLE	PRESIDENT	DELETE	1. 1 TITLE 1.2 NAME			☐ Change	Addition	
NAME	DONALD E. GLA 8887 FudIAN R	Ab						
\$TREET ADDRESS			1.3 STREET ADDRESS					
CITY-ST-ZIP	BOYNTON BEAC VICE PRESILE	b, Fl. 33437	1.4 Crty - St - ZiP			· · · · · · · · · · · · · · · · · · ·		
TITLE			2 1 TITLE			☐ Change	e 🔲 Addition	
NAME	MARIENE GLAA 8887 Indian R	b Luce Run	2.2 NAME					
	SECT THEIRE	C 221/37	2 3 STREET ADDRESS					
CITY - ST - ZIP	BOYNTON BEACH	DELETE	2.4 CiTY-ST-ZiP			☐ Change	Addition	
TITLE NAME			3 1 1 ITLE 3 2 NAME			Change	, C YOUTION	
STREET ADDRESS				1 ADDRESS				
CITY-S1-ZIP			3.4 CITY-					
THILE		DELETE	4. 1 TITLE	<del></del>		Change	Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CHTY-ST-Z-P			44 CITY-	ST-ZIP				
TITLE		☐ DELETE	5 1 TITLE			☐ Change	Addition	
NAME			52 NAME					
STREET ADDRESS			5 3 STREE	T ADDRESS				
CITY-ST-ZIP		and a state of the	5.4 CITY-					
TITLE		DELETE	6 1 TITLE		,	☐ Change	Addition	
NAME			62 NAME					
STREET ADDRESS			63 STREE	T ADDRESS				
CITY OF 20		·	E 4 007V	or zin I	•			

14. I do hereby certify 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 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.

1-18-96 (407) 735-3770