**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000021368

1. Corporation Name

CLEANING BY EMILCE, INC.

Principal Place	e of Business	Mailing Address						•	
9975 NW 1ST CT CORAL SPRINGS FL 33065		9975 NW 1ST CT CORAL SPRINGS FL 33065						·r	
:U\$		· US			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
						03/15/1995		<del></del>	
2. Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number		$\vdash$	pplied For
21		26				65-0570123			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	X		Additional Required
City & State City & Sta			e			6. Election Campaign Financing		\$5.00	May Be
23		<b>⊢</b> '	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country				8. This corporation owes the currer	t vear Intar		
<u> </u>	<del></del>	29	30	,		Personal Property Tax.		Yes	□No
24	25 9. Name and Address of Curren		[30]	ſ		10. Name and Address of New Re	aistered A	gent	<del></del>
	9. Name and Address of Curren	it (chiateien vilout		81	Name	10: 112	<u> </u>		
KELLY, JOHN D					· idiiio				
	NW 1ST CT		82 Street /			ess (P.O. Box Number is Not Acceptab	le)		
	AL SPRINGS FL 33065							-	
COR	AL SPRINGS PL 33003			83					ŀ
				84	City		FI	85 Zip	Code
	to the continue of Continue 607 050	22 and 607 1509 Elocida State	utoe the a	hove	named com	oration submits this statement for the p	urnose of c	l ( hanging it	s registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized	o by	tne corporation	on's board of directors. I hereby accept	the appoint	ment as r	egistered
SIGNATURE						•			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis					t signature require	d when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	P	DELETE 1,1 TI		TLE				Change	Addition
NAME .	KELLEY, JOHN D.		1.2 N	AME					
STREET ADDRESS	9975 NW 1ST CT		1.3 S	TREET	TADORESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 C	1.4 CITY-ST-ZIP					
TITLE	☐ DELETE		2.1 TI	2.1 TITLE				☐ Change	Addition
NAME		2.2 N		AME					}
STREET ADDRESS			23.5	TREE1	T ADDRESS				
TITLE	☐ DELETE			2.4 CITY-ST-ZIP 3.1 TITLE				Change	Addition
	_ occir			3.2 NAME					
NAME									
STREET ADDRESS					T ADDRESS				1
CITY-ST-ZIP		O BELETE		CITY-\$	ST-ZIP			[ Change	Addition
TITLE		☐ DELETE	4.1 T			·		Change	, Caronion
NAME			4. 2 N			ر از رو روس <u>ان در در این این این این این این این این این این</u>			
STREET ADDRESS	,	ব্	4.3 S	TREET	ADDRESS			<del></del>	
CITY-ST-ZIP				ITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 T					☐ Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	T ADDRESS				
CITY-ST-ZIP			5.4 C	ITY-S	T- ZIP	,			
TITLE		☐ DELETE	6.1 T	ΠLE	17			Change	Addition
NAME	mark (1875)	يواهي و العوالي الادوه ميل و م العراق و العالم الأمالي العراق العراق العراق العراق	6.2 N	AME					
OTDEET ADDRESS	The first half was to	The second of the second of	6.3 S	TREE	ADDRESS				

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 if made under oath; that I am an officer or director of the corporation of 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 enough an attachment will all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Apr 14, 1999 8:00 am Secretary of State

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