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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000022340 (0)

PALM BEACH CLEANING CONNECTION, INC.

		Mailing	Address KWOOD DRIVE R FL 33458-7612	······································						
							3. Date Incorporated or Qualified 03/17/1995	3a. Date of L 05/01/19		port
	Place of Business	⊢ —	ling Address				4. FEI Number	Ţ	App	olied For
Suite, Ap	of # etc	26 Sui	le, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	65-0550679	- \$8	_	Applicable dditional
22]		27					5. Certificate of Status Desired		ee Rec	
City & St	ato	<u> </u>	& State				6. Election Campaign Financing			May Be
23 Ζφ	Country	28 Zip		T C0	untry	······································	Trust Fund Contribution		ded to	
24	25	29		30	-n ´		8. This corporation has liability for it. Florida Statutes	intangible tax un Tes 🔲 No	oers.	199.032,
521	g. Name and Address of Curr		d Agent	1001]		10. Name and Address of New Re			
SN	AITH, GINA				61	Name				
130 OAKWOOD DRIVE					82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
JU	IPITER FL 33458				83					
					84	City		FL 85	Zip C	ode
SIGNATURE	Signature Typed or prested name of legistered a	agent and title if app	icable. (NO	TE Register			oration submits this statement for the pon's board of directors. I hereby accepted when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTOR	RS DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC		IN 12
TITLE NAME	SMITH, GINA		☐ Officit	- 1	TITLE NAME			U	ange	L.J Agonio
SUREET ADDRESS	JAA GALGUIGAD BOUT					ADDRESS				
CHY-ST-ZIP	JUPITER FL 33458					ST-ZIP				
TITLE	D		DELETE		ITLE		· · · · · · · · · · · · · · · · · · ·	☐ Ch	ange	Additio
NAME	BARBERIO, MARTHA			2.21	NAME					
STREET ADDRESS				2.3 9	STREET	ADDRESS				
CITY-ST-7:P	PBG FL 33418		DELETE			ST-ZIP		☐ Ch		Additio
THEE			T PETEIC		TITLE NAME			LJ UI	मानिद	L ADDITION
STREET ADDRESS	8					ADDRESS				
CITY-ST-ZiP						ST-ZiP				
THE			DELETE		ITLE			☐ Ch	ange	Addition
NAME				4.2	NAME					
STREET ADDRESS	S			4.3 9	STREET	ADDRESS				
CHY-ST-7IP			1 65.5		CITY-S	ST-ZIP				· • • • • • • • • • • • • • • • • • • •
TITLE			DELETE		ITLE			☐ Ch	ange	Addition
NAME Store Labourer				•	YAME	Appress				
STREET ADDRESS	3					ADDRESS				
CHY-\$1-ZIF			DELETE	5.4 (3 - YTK	or-ZIP		T Ch		T Addition

14. I do hereby certily 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.

62 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED TAME OF MONING OFFICER OR DIRECTOR

4/15/97 661 744 9753

FILED

Apr 17 1997 8:00am

Secretary of State

Phone #

(2E034 (9/96)