FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000031894 (5)**

1. Corporation Name

LIFE JANITORIAL SERVICES, INC.

Principal Place of Business	Mailing Address
~~6820 NW 6TH CT~~ ~~MARGATE FL 33063~~	~~6820 NW 6TH CT~~ ~~MARGATE FL 33063~~

3. Date Incorporated or Qualified: **04/24/1995**

3a. Date of Last Report:

2. Principal Place of Business
21: 340 NW 69 TER
22: Suite, Apt. #, etc.
23: City & State: MARGATE, FL.
24: Zip: 33063-4917
25: Country: USA

2a. Mailing Address
26: 340 NW 69 TER
27: Suite, Apt. #, etc.
28: City & State: MARGATE, FL.
29: Zip: 33063-4917
30: Country: USA

4. FEI Number: 65-0380020 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PATINO, ANTHONY
6820 NW 6TH CT
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name: LILLIAM PATINO
82 Street Address (P.O. Box Number is Not Acceptable): 340 NW 69 TER
83:
84 City: MARGATE **FL** 85 Zip Code: **33063**

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: D Lilliam Patino — 4/30/96
(Signature, typed or printed name of registered agent and title if applicable. NOTE: For registered agent signature required for other reporting.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	PATINO, ANTHONY		1.2 NAME	
STREET ADDRESS	6820 NW 6TH CT		1.3 STREET ADDRESS	340 NW 69TH TER
CITY-ST-ZIP	MARGATE FL 33063		1.4 CITY-ST-ZIP	MARGATE, FL. 33063-4917
TITLE	DVST	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	PATINO, LILLIAM		2.2 NAME	
STREET ADDRESS	6820 NW 6TH CT		2.3 STREET ADDRESS	340 NW 69 TER
CITY-ST-ZIP	MARGATE FL 33063		2.4 CITY-ST-ZIP	MARGATE, FL. 33063-4917
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 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	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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.

SIGNATURE: D Lilliam Patino — 4/30/96 — (954) 971-2169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #