


**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90102 016 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS																																																																									
<b>DOCUMENT # P95000034400</b>																																																																											
1. Corporation Name <b>EXECUTIVE CLEANING SERVICES OF CENTRAL FLORIDA, INC.</b>																																																																											
Principal Place of Business <b>2049 LAKE DRIVE          WINTER PARK FL 32789          US</b>		Mailing Address <b>2049 LAKE DRIVE          WINTER PARK FL 32789          US</b>																																																																									
2. Principal Place of Business <b>2114 Biscayne Dr.</b>		2a. Mailing Address <b>P.O. Box 2823</b>																																																																									
21. Suble, Apt. #, etc. <b>Winter Park FL</b>		25. Suble, Apt. #, etc. <b>Winter Park FL</b>																																																																									
22. City & State <b>32789 USA</b>		26. City & State <b>32790-2823 U.S.A.</b>																																																																									
23. Zip <b>32789</b>		27. Zip <b>32790-2823</b>																																																																									
24. Country <b>USA</b>		28. Country <b>U.S.A.</b>																																																																									
9. Name and Address of Current Registered Agent <b>KATHY HAENDIGES          2049 LAKE DRIVE          WINTER PARK FL 32789</b>																																																																											
10. Name and Address of New Registered Agent <b>Kathy Hubbert          2114 Biscayne Dr.          Winter Park, FL 32789</b>																																																																											
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 607.0805, Florida Statutes. SIGNATURE <b>Kathy Hubbert</b> DATE <b>May 17, 1999</b>																																																																											
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>HAENDIGES, KATHY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2049 LAKE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	P	<input checked="" type="checkbox"/> DELETE	NAME	HAENDIGES, KATHY		STREET ADDRESS	2049 LAKE DRIVE		CITY-ST-ZIP	WINTER PARK FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP														
TITLE	P	<input checked="" type="checkbox"/> DELETE																																																																									
NAME	HAENDIGES, KATHY																																																																										
STREET ADDRESS	2049 LAKE DRIVE																																																																										
CITY-ST-ZIP	WINTER PARK FL																																																																										
TITLE		<input type="checkbox"/> DELETE																																																																									
NAME																																																																											
STREET ADDRESS																																																																											
CITY-ST-ZIP																																																																											
TITLE		<input type="checkbox"/> DELETE																																																																									
NAME																																																																											
STREET ADDRESS																																																																											
CITY-ST-ZIP																																																																											
TITLE		<input type="checkbox"/> DELETE																																																																									
NAME																																																																											
STREET ADDRESS																																																																											
CITY-ST-ZIP																																																																											
TITLE		<input type="checkbox"/> DELETE																																																																									
NAME																																																																											
STREET ADDRESS																																																																											
CITY-ST-ZIP																																																																											
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>President</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>Kathy Hubbert</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>2114 Biscayne Dr.</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>Winter Park, FL 32789</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	Kathy Hubbert		1.3 STREET ADDRESS	2114 Biscayne Dr.		1.4 CITY-ST-ZIP	Winter Park, FL 32789		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY-ST-ZIP			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																									
1.2 NAME	Kathy Hubbert																																																																										
1.3 STREET ADDRESS	2114 Biscayne Dr.																																																																										
1.4 CITY-ST-ZIP	Winter Park, FL 32789																																																																										
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																									
2.2 NAME																																																																											
2.3 STREET ADDRESS																																																																											
2.4 CITY-ST-ZIP																																																																											
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																									
3.2 NAME																																																																											
3.3 STREET ADDRESS																																																																											
3.4 CITY-ST-ZIP																																																																											
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																									
4.2 NAME																																																																											
4.3 STREET ADDRESS																																																																											
4.4 CITY-ST-ZIP																																																																											
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																									
5.2 NAME																																																																											
5.3 STREET ADDRESS																																																																											
5.4 CITY-ST-ZIP																																																																											
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																									
6.2 NAME																																																																											
6.3 STREET ADDRESS																																																																											
6.4 CITY-ST-ZIP																																																																											

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/23/99 Telephone 407-645-1414

CR2E034 (1/98)