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

PROFIT: CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000036656

1. Corporation Name

COMPLETE JANITORIAL SERVICES, INC.

Principal Plac	e of Business	Mailing Address		· ··	- I SPANTAN IND IREAL FRAN BATH DANK BATH		DILLER BEIN FRED
7439 ROOSEVELT ST 7439 ROOSEVELT ST							
HOLLYWOOD FL 33024 HOLLYWOOD FL 33081					DO MOTURE IN T		
US					DO NOT WRITE IN T  3. Date Incorporated or Qualified	HIS SPACE	
	· .			٠.	05/05/1995		
2 Dringing D	liggs of Pusings	2a. Mailing Address			4. FEI Number	Apr	olied For
					65-0579028	<b>⊢</b>	Applicable
21					<del> </del>	\$8.75·∧	_··
22					5. Certifcate of Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution	Added to	Fees
Zip Country Zip			Country		8. This corporation owes the current year		
24	25	29 30	<u>)</u>		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Register	eu Agent	
REG	JUEIRO, JANNETTE		"	Ivame			
7439 ROOSEVELT ST			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33024			83				
							<b>.</b>
			84	City	· .	EL 85 Zip C	ode
- 11 Durauant	to the provisions of Sections 607.05	02 and 607-1508 -Florida Statutes	the above	e-named corno	oration submits this statement for the ourpose	of changing its	registered -
office or r agent. I a SIGNATURE	ırn familiar with, and accept the oblig	ations of, Section 607.0505, Florida	a Statutes	the corporatio  t signature required	n's board of directors. I hereby accept the ap	pointment as reg	jistered
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	DELETE 1,1				☐ Change	☐ Addition
NAME	REGUEIRO, JANNETTE		1.2 NAME		*		•
STREET ADDRESS	7439 ROOSEVELT ST		1.3 STREET	ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33024		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE 2.1 TIT				☐ Change	☐ Addition
NAME			2.2 NAME			•	}
STREET ADDRESS		238		FADDRESS			}
CITY-ST-ZIP		. 2.4C		ST-ZIP			
MILE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME			, , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS		;	3.3 STREET	TADÓRESS		•	
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ DELETE	4.1 TITLE		•	☐ Change	Addition
NAME	<b>V.</b> • • • • • • • • • • • • • • • • • • •	•	4.2 NAME		•		
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		:	□ AJJE:
TITLE		□ ØELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME		(	4	
STREET ADDRESS		,	5.3 STREET	1		-	}
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-S	T-ZIP			
TITLE	I · · · ·		0 4 TO 1 T			Chan-a	
TITLE		☐ DELETE	6.1 T/TLE 6.2 NAME			☐ Change	☐ Addition

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.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90277 043 \*\*\*150.00