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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000039115 (7)

D & L WINDOW AND PRESSURE CLEANING, INC.

Principal Place of Business	Mailing Address

## FILED Apr 25 1997 8:00am Secretary of State

380-



743 OAK MANOR CIRCLE ORLANDO FL 32825  743 OAK MANOR CIRCLE ORLANDO FL 32825-6458														
							3. Date Incorporated or Qualified 05/17/1995	1 -	3a. Date of Last Report 07/03/1996		eport			
2. Principal Place of Business			2a. Mailing Address						4. FEI Number		Ĺ		plied For	
21		26							59-3314943				t Applicable	
Suite, Apt.		27	Suite, Ap						5. Certificate of Status Desired				Additional equired	
City & State	e City & State						6. Election Campaign Financing \$5.00 M Trust Fund Contribution Added to							
Zip 24	Country 25	29	Zip		30 Co	untry	' 		8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No					
	9. Name and Address of Curren	t Regist	ered Age	nt		I	T		10. Name and Address of New Re	gistered A	gent			
MEIE	R, LORI					81	Nar	ne					}	
100 E. SYBELIA AVENUE SUITE 375					82	Stre	et Addr	ddress (P.O. Box Number is Not Acceptable)						
	LAND FL 32751					83								
						84	City			FL	85	Zip (	Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 60	07.1508, F	lorida Stat	tules, the a	T	i e-nam	ed corp	oration submits this statement for the	ourpose of	chariç	ing it	s registered	
office or re agent. La	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid tions of	la. Such c . Section (	change wa 607.0505.	s authorize Florida Sta	ed by	y the d s.	orporati	ion's board of directors. I hereby acce	ot the appo	ointmē	nt as	registered	
SIGNATURE	<u>,</u>						-							
	Signature, typed or printed name of registered age			(N			on signa	lure require	od when reinstating)	DATE				
12.	OFFICERS AND	DIREC		T DELETE	13.			T	ADDITIONS/CHANGES TO OFFIC	CERS AND				
TITLE	D DOMESTICAL D. A		L	_ DELETE	1.1 7						∐ Ch	ange	Addition	
NAME ATORET ADDRESS	ANTHONY, DONALD A 743 OAK MANOR CIRCLE				+	NAME	I ADODE	,,						
STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32825			•			i adore: S1-zip	>>						
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NAME					4.2	NAME								
STREET ADDRESS							ADORE	SS						
CITY-ST-ZIP		<del></del>	<del></del>	DELLIE			ST-ZIP						Addition	
TITLE			L.	DELETE	5.1 T						Ch	ange	Addition	
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STREET ADDRESS					1		ADDRE	>>						
CITY-ST-ZIP TITLE	CONTRACTOR OF THE PARTY OF THE		Т	DELFTE	6.11		51 - 71P		· · · · · · · · · · · · · · · · · · ·		Ch	anoe	Addition	
NAME			_	_ >		(AME						9-		
STREET ADDRESS	•						ADDRE	ss						
CITY-ST-ZIP					1		31- <i>7</i> 1P	_						

14. I do 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 Flock 13 if changed, or on an attachmental an address.