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

**PROFIT CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000061438 (4)

A-1 SPECTRUM WINDOW CLEANING AND PRESSURE WASHIN G INC.

## **FILED** Apr 15 1998 8:00am Secretary of State



Principal Plai	ce of Business	Mailing Address		r realisest ing sprot britt datif adrif adrif adrib (1811 91859 1191 121) (801
139 CLUBVII		139 CLUBVIEW DR.		
SAFETY HAP	RBOR FL 34695	SAFETY HARBOR FL 3469	<b>35</b>	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				08/07/1995
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21 3239	5 MARIGOLD DA	26 PO BOX	16374	59-3330678 Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	<u> </u>	<b>60.75</b>
22		27		5. Certificate of Status Desired Fee Required
City & Sta		City & State	1 –	6. Election Campaign Financing \$5.00 May Be
	water FL	28 CLEARWOOT	ter H	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 337			30 USA	Personal Property Tax due June 30. Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
JOSEPHS, DAVID				
139 CLUBVIEW DR. 62 Street Address (P.6				Address (P.O. Box Number is Not Acceptable)
SAFETY HARBOR FL 34895 3235 Maricold Da				
			83	,
			<b>84</b> City	C \ 85 Zip Code
LEARWOUTER- FL 337401				
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				
40	Signature, typed or printed name of registered agent			e required when reinstating) DATE
12. TITLE	OFFICERS AND	DELETE	13. 1.1 DITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	JOSEPHS, DAVID	□ occeit		
	139 CLUBVIEW DR.		1.2 NAME	225 Marigold Dr
STREET ADDRESS	SAFETY HARBOR FL 34695		1.3 STREET ADDRESS	3235 Manigold Dr Clearwater FL 33761
CITY-ST-ZIP TITLE	SAFETT HANDON FE 34093	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change Addition
NAME		beerie		Litalige Li Addition
STREET ADDRESS			2.2 NAME	
			2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME		- otterit	3.1 TILE 3.2 NAME	Change Addition
STREET ADDRESS			· ·	
			3 3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP	Change Addition
NAME		DEEL 16		L Grange L Aduquiri
STREET ADDRESS			4. 2 NAME	
CITY-ST-ZIP			4.3 STREET ADDRESS	
TITLE	-	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	☐ Change ☐ Addition
NAME		_ viceir	5.2 NAME	Change C Xdokton
STREET ADDRESS				
			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME	- <sup>5</sup>	veceit	6.2 NAME	Change C Accillon
STREET ADDRESS	1			
CITY-ST-ZIP	:		6.3 STREET ADDRESS	
14. I hereby o	certify that the information supplied with	this filing does not qualify for	6.4 CITY-ST-ZIP	ad 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 gath; 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.				