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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500065061

OMNI CLEANING SERVICE INC OF TAMPABAY						4111 88111 88118 81	4. 21 111 24 111	A 41(B) ((B) (EB(
Principal Place of Business Mailing Address					<u> </u>	Bill Balil Baill Bi	lüt ütkil üniti	E BURBO DI BUT 1887
3801 SWANN AVE. 3325 BAYSHORE BLVD.								
TAMPA FL 33609 F-12					DO NOT WRITE IN THIS SPACE			
		TAMPA FL 33629			3. Date Incorporated or Qualifed			
					08/23/1995	l		
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number		- TAI	oplied For
		— ·	26		59-3332804		_ ·	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22		27			5. Certificate of Status Desired		Fee Re	equired
City & State		City & State	City & State		6. Election Campaign Financing		•	May Be
23	28			Trust Fund Contribution				to Fees
Zip			Country	'	8. This corporation owes the cur		ngible []] Yes	□No
24	9. Name and Address of Currer		0]		Personal Property Tax. 10. Name and Address of New			
-	9. Name and Address of Curren	it Registered Agent	81	Name	to. Hame and reasons of feet		<u>9</u>	
	NG, SOON K		-00	Ob - 4 A dai	lease (D.O. Bay Number in Not Assess	abla)		
3325 BAYSHORE BLVD. F-12			82	Street Add	ress (P.O. Box Number is Not Accept	abie)		
TAMPA FL 33629			83				_	
i			84	City			85 Zip	Code
1				1		<u> </u>		
office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida. Such change was auti	horized by	the corporati	poration submits this statement for the ion's board of directors. I hereby acce	e purpose of c pt the appoint	manging its iment as re	s registered egistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	egistered Age	nt signature require	ed when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AND		
TITLE			1.1 TITLE				Change	☐ Addition
NAME	HONG, SOON K		1.2 NAME					
STREET ADDRESS	3325 BAYSHORE BLVD., F-12		1	TADDRESS				
CITY-\$T-ZIP	TAMPA FL 33629		1.4 CITY-S	ST-ZIP			Change	☐ Addition
TITLE			2.1 TITLE				C3 ondarige	
NAME	JEONG, BOK N.		2.2 NAME	TADODECC				
STREET ADDRESS			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
CITY-ST-ZIP	TAMPA FL 33629	DELETE	3.1 TITLE	31-21			Change	. 🔲 Addition.
NAME	CHO, SUN WOONG	_	3.2 NAME		·			
STREET ADDRESS				TADORESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		3.4. CITY-5	1				
TITLE	7.2.7.4.1017.2.017.4.1007.2	☐ DELETE	4 1 TITLE		-		Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS	ADDRESS 4		43 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		-	•	Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY, ST. 710			5.4 CITY- S	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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition