SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P95000068239 (9)

THE END RESULT JANITORIAL, INC.

FILED Jul 09 1998 8:00am Secretary of State



	i.						
Principal Place	of Business	Mailing Address					
7331 CORAL WAY P O BOX 655260 STE 212-A MIAMI FL 33155 US US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/01/1995		
2 Principal Pi	are of Business	2a. Mailing Address			4. FEI Number Applied For		
2. Principal Place of Business 21 733/ COAST WAY BUTE 22 Are SAME					65-0336058 Not Applicable		
Sulte, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional		
22 2/2 -A 27					5. Certificate of Status Desired Fee Required		
City & State City & State City & State 28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 33/55 Z5 County Zip Zip Zip Zip County Zip			Country 30	8. This corporation owes or has pald the current year Intendible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
TOR	TORRES, LILEAN 81				Name		
13183 SW 9 TERRACE MIAMI FL 33184			82	82 Street Address (P.O. Box Number is Not Acceptable)			
					Stilest Address (F.O. Box Nulliber is Not Acceptable)		
			83				
			84	i .	FL 85 Zip Code		
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							
				gent signatur	ure required when reinstating) DATE		
12.			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TARRES IN FALL		1.2 NAME		PRESIDENT Change Addition		
NAME	48466 ON A TERRACE			ME LILEAN TORRES METADORESS 735 COLLING AVENUE #1932			
STREET ADDRESS	44444 FL 00404		1.4 CITY-S	1	11.11.000000000000000000000000000000000		
CITY-ST-ZIP TITLE	THE STORY			1-211			
			2 2 NAME		Change Addition		
NAME			2.3 STREE	I ANN DECC	5. A.		
STREET ADDRESS				(Y-ST-ZIP			
CITY-ST-ZIP TITLE			3.1 TITLE	1-217	Change Addition		
NAME	L.) Detele		3 2 NAME		Change C. Addition		
STREET ADDRESS				ADDRESS			
			3.4 CITY-S				
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	1-217	Change Addition		
NAME			4.2 NAME		Change Change		
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		DELETE	5.1 TITLE		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		DELETE	61 TITLE		Change Addition		
NAME			6.2 NAME		_ , ,		
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY-ST-ZIP			6 4 CITY-S				
	with that the information cumplied with th	ie filing does not qualify for th			n section 119 07(3)(i) Florida Statutes I further certify that the information		

r nereby certify that the miormation supplied with this filling does not qualify for the exemption stated in section 1 is 107(3)(), Florida Statutes. I floring certify that it indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation by the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 inchanged, or the analysis and that my name address.