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 # P96000011987 (0)

MOPSY CLEANING SERVICES, INC.

Mailing Address

FILED Feb 09 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address							
	EAST 1ST AVENUE. SUITE 101		127 SOUTHEAST 1ST AVENUE. SUITE 101						
HALLANDAI	LE FL 33009	HALLANDALE FL 330	109			DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualified			
						02/07/1996			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	T	Applied For	
21		26	26			65-0641324		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.					\$8.7	5 Additional	
22		27				5. Certificate of Status Desired	Fee	Required	
City & Stat	e	City & State				6. Election Campaign Financing	\$5.0	May Be	
23		28				Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Cour	ıtry		8. This corporation owes or has paid the cu			
24	25	29	30					☐ No	
	9. Name and Address of Curre					10. Name and Address of New Registered	Agent		
ľ	THE LAW FIRM OF LAWRENCE :	J SPIEGEL CHRTD	l'	81	Name			ļ	
3		ļ.	82 Street Address (P.O. Box Number is Not Acceptable)						
: 0	ORAL GABLES FL 33134				<u> </u>				
· .				83				-	
į			-	84	City		85 Zi	p Code	
•					_	FL	-		
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	lutes, the ab	ove	-named corp	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	if changing	g its registered	
agent. I a	am familiar with, and accept the oblig	gations of Section 607.0505,	Florida Statu	ılos).	norra bound or an obtora. Thoroby descipt the app	>0	at regional de	
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable (NOT). Registered Age					nt signature requir	red when roinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDEOT	ODG IN 40	
12.	PŜTD OFFICERS AF	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AN	Chang		
TITLE	, , , , , , , , , , , , , , , , , , ,			1.2 NAME			onding		
NAME	HERMELYN, CAROL 127 SOUTHEAST 1ST AVE	NHE CHITE 101			ADDRESS				
LIALLANDALE EL DODOS				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				-	
CITY-ST-ZIP TITLE			2.1 TIT		1-ZIF		Chang	e Addition	
NAME		otten	2.2 NAME						
' '					ADDRESS			İ	
STREET ADDRESS				2. 4 CITY - \$1 - ZIP				1	
CITY-ST-ZIP TITLE		DELETE			11- ZII'		Chang	e	
NAME			3.2 NA		İ		_ "		
					ADDRESS				
STREET ADDRESS			3.4. CII					1	
CITY-ST-ZIP TITLE		DELETE	41101		11 60		Chang	e Addition	
NAME			4. 2 NA				_	j	
STREET ADDRESS					ADDRESS			ļ	
CITY-ST-ZIP			4.4 CIT				/		
TITLE		DELETE	5.1 T(T)				Chang	e / Addition	
NAME			5.2 NA		1	<i>/</i> i	1// _	/_	
STREET ADDRESS					ADDRESS		$\mathcal{L} \supseteq$	19 1	
CITY-ST-ZIP			5.4 CIT			77/	1 1	<i>' </i>	
TITLE		DELETE	6.1 TIT			9000024262	-Chang	e Addition	
NAME			6.2 NA			in dita 4º in UUU in 1010 in 1010 in 1010 in 1010 in 1010 in 1010 in 1010 in 1010 in 1010 in 1010 in 1010 in 1	1 (2) (
STREET ADDRESS					ADDRESS	-02/10/98010160	54		
			6.4 C(1			***150.00			
CITY-ST-ZIP		with this filing does not qualify				Section 119 07(3)(i) Florida Statutes I further of	ertify that t	he information	

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.

2/98