

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).

FILED
 Jul 29 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000018149 (0)
 1. Corporation Name
A & B CLEANING SERVICES, INC.



Principal Place of Business Mailing Address
 15190 PORTS OF IONA DR UNIT A-101 FT MYERS FL 33908 US
 15190 PORTS OF IONA DR UNIT A-101 FT. MYERS FL 33908 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 15190 Portside Dr 26 15190 Portside Dr.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 FT Myers, FL 28 FT. Myers, FL.
 Zip Country Zip Country
 24 33908 25 USA 29 33908 30 USA

3. Date Incorporated or Qualified
 02/26/1996
 4. FEI Number Applied For
 65-0652458 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 WEISSE, DAVID R
 1661 ESTERO BLVD
 SUITE 20
 FT MYERS FL 33932

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	LABONGE, DAVID J	
STREET ADDRESS	15190 PORTS OF IONA DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MARMORA, ANA E	
STREET ADDRESS	15190 PORTS OF IONA DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

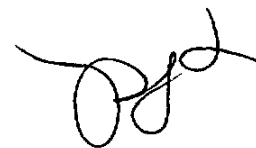
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	15190 Portside Drive
1.4 CITY-ST-ZIP	FT. Myers, FL 33908
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	15190 Portside Drive
2.4 CITY-ST-ZIP	FT. Myers FL. 33908
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	900002604478
5.3 STREET ADDRESS	-07/31/98--01083--039
5.4 CITY-ST-ZIP	***150.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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.

SIGNATURE: David LaBonge 6-30-98 941-489-4448

CR2E034 (5/98)

15190 Portside Drive
Fort Myers, FL 33908



July 16, 1998

Sandra B. Mortham
Annual Reports Filings
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sandra B. Mortham,

Subject: First Notice Lost in Mail

Early in the year, the developer of my complex changed the name of the street where your first notice was sent. Unfortunately I never received the first notice and did not realize I was late until after the second notice arrived. I assume that after the new street name was in place for a while the postal service realized the situation and managed to complete your mailing. Enclosed is a check for the original amount of \$150.00, and I ask that the sizable penalties please be waived at this time as I had no control of the situation. Thank you in advance for taking care of this matter.

Sincerely,



David J. LaBonge
A & B Cleaning Services, Inc.