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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P96000021074 (5)

HE'LL PROVIDE CLEANING SERVICE INC.

Principal Place of Business Mailing Address					FACOLOGIE LIG LOLLO OLEL GRELL GRELL	88118 11881 11911 89111 <del>1</del> 98	
1598 N.E. 170 ST N MIAMI BEACH FL 33162 US		1598 N.E. 170 ST N Miami Beach Fl 33162 US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
2. Principal F	Place of Business	2a. Mailing Address			03/07/1996 4. FEI Number		anlind Cor
21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26			65-0646751	<del>  -   -  </del>	oplied For of Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			60.75	Additional	
22		27		5. Certificate of Status Desired	IAI ·	equired	
City & State		City & State		6. Election Campaign Financing		May Be	
Zip Country		Zip Country		Trust Fund Contribution Added to Fees			
<del>~</del>		<b>⊢</b>	¬ '		8- This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No		
	9. Name and Address of Currer	nt Registered Agent	<u> </u>	-	10. Name and Address of New Regis		3 110
GE	RMAIN, MARQUERITE		81	Name N	Marquerite Nicaisse		
1598 N.E. 170 ST			82		_		
N MIAMI BEACH FL 33162				]	drass (P.O. Box Number is Not Acceptable 1598 N.E. 170 Stree	<u>t                                    </u>	
			83				
			84	North	n Miami Beach	85 Zip 9	Code 3162
11. Pureuant	to the provisions of Sections 607.050	12 and 607 1508 Florida Statutos	the above		rporation submits this statement for the pur	FL   ° 33	3162
office or r	egistered agent, or both, in the State	of Florida, Such change was aut	horized by	the corpora	ation's board of directors. I hereby accept t	pose of changing it the appointment as	registered
	in familiar with daile accept the definition	0 // has 2/0	ja Statutes	<b>&gt;</b> .			l
SIGNATURE	Signature, by ed or printer harne of registered age	onl and two if applicable (NOTE: R	legistered Age	nl signature requ	uired when reinstaling)	DATE	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE			Change	Addition :
NAME	NICAISSE, MARGUERITE	1.2 NA					
STREET ADDRESS	NI MIAMI DEACH EI		1.3 STREET				
CITY-ST-ZIP TITLE	DP	DELETE	1.4 CITY - S 2.1 TITLE	T-ZIP		Change	Addition
NAME	GERMAIN, CREG		2.1 THEE	l		CT cuanta	- Monton
STREET ADDRESS	1598 N.E. 170TH ST		2.3 STREET	ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL	2.40					
TITLE	***	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME		3.2 N					
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY - 9	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			L Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST 5.1 TITLE	T- ZIP	***************************************	Change	Addition
NAME		_ otter	5.2 NAME			C CHANGE	AMRION
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	1			
TITLE	······································	☐ DELÉTE	6.1 TITLE			☐ Change	Addition
NAME		1	6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			Ì

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.