

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000029380

1. Corporation Name
JANITOR DEPOT INC.

Principal Place of Business

1417-1 DEL PRADO BLVD
CAPE CORAL FL 33990

Mailing Address

1417-1 DEL PRADO BLVD
CAPE CORAL FL 33990

2. Principal Place of Business

21 12901 Mc Gregor Blvd.

Suite, Apt. #, etc.

22 Ste. 19

City & State

23 Ft. Myers, FL Lee

Zip

24 33919

Country

25 USA

2a. Mailing Address

26 12901 Mc Gregor Blvd.

Suite, Apt. #, etc.

27 Ste. 19

City & State

28 Ft. Myers, FL

Zip

29 33919

Country

30 USA

9. Name and Address of Current Registered Agent

BEBEL, BERNARD
1417-1 DEL PRADO BLVD
CAPE CORAL FL 33990

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

597 Gemini Ct

83

84 City

Ft. Myers

85 Zip Code
FL 33908

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
					1.2 NAME	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
					1.4 CITY-ST-ZIP	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
					2.2 NAME	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
					2.4 CITY-ST-ZIP	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
					3.2 NAME	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
					3.4 CITY-ST-ZIP	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
					4.2 NAME	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
					4.4 CITY-ST-ZIP	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
					5.2 NAME	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
					5.4 CITY-ST-ZIP	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
					6.2 NAME	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: *Bernard Bebel* *Bernard Bebel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90162 030 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1996

4. FEI Number

65-0657553

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional

Fee Required

6. Election Campaign Financing \$5.00 May Be

Added to Fees

7. This corporation owes the current year Intangible
Personal Property Tax. Yes No

CR2E034 (11/98)

4-16-99 941-489-2199

Daytime Phone #