03-23-1999 90073 029 \*\*\*150.00

## 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 # P9600030149

Country

City & State

VIGUE, STEVE 4250 S.W. 102 AVENUE DAVIE FL 33328

23

24

**EXECUTIVE CLEANING CONTRACTORS OF SOUTH FLORIDA** 

Principal Place of Business	Mailing Address	
4250 S.W. 102 AVENUE DAVIE FL 33328	4250 S.W. 102 AVENUE Davie FL 33328	
	2a. Mailing Address	
2. Principal Place of Business	26 26	

City & State

30 25 29 9. Name and Address of Current Registered Agent

28

Zip

3.	Date Incorp
1	04/01/199

DO NOT WRITE IN THIS SPACE orated or Qualifed

4. FEI Number Applied For 65-0662489 Not Applicable \$8.75 Additional П 5. Certifcate of Status Desired Fee Required Election Campaign Financing \$5.00 May Be 

Added to Fees Trust Fund Contribution This corporation owes the current year Intangible □No

	10. Name and Address	of New Registered A	gent		
81	Name				
82	Street Address (P.O. Box Number is No	t Acceptable)			
83					
84	City		85	Zip Code	

Personal Property Tax.

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.

Country

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	e (NOTF: Re	gistered Agent signature re	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTOR	RS IN 12
TITLE	Р	DELETE	1.1 TITLE		Change	Addition
NAME	VIGUE, STEVE		1.2 NAME			
STREET ADDRESS	4250 S.W. 102 AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33328		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS		•	
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			Į.
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition .
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	,		
CITY OF THE			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 of 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 parattachment with an address, with all other like empowered.

SIGNATURE: