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CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600032915

## **FILED** May 07, 1999 8:00 am Secretary of State

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	CLEANING INC.								
Principal Plac	ce of Business	Mailing Address				-{		8 18 <b>1</b> 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>#</b> # ## <b>##</b> ############################
313 CAROL ANN DR. EDGEWATER FL 32132  313 CAROL ANN DR. EDGEWATER FL 32132						DO NOT WRITE IN THIS SPACE			
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						3. Date Incorporated or Qualifed			
· · · ·	7.0	O Mailia Address	<del></del>			04/16/1996 4. FEI Number		11	Applied For
	Place of Business	2a. Mailing Address				1 **			Not Applicable
21	# -1-	Suite, Apt. #, etc.	<del></del>			59-3373667			Additional
Suite, Apt.	. #, etc.	27 Suite, Apr. #, etc.				5. Certificate of Status Desired			Required
City & Stat	te	City & State				6. Election Campaign Financing			0 May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current y	ear Intan		
24	25	29	30	-		Personal Property Tax.		Yes	No
	9. Name and Address of Curr					10. Name and Address of New Regis	tered Ag	ent	
		<del></del>	_	81 N	lame				
	skinen, kari e		-	<b>82</b> S	treet Addre	ess (P.O. Box Number is Not Acceptable)			
313	CAROL ANN DR.			92 3	illeet Audie	(F.O. BOX MUNIDER IS NOT Acceptable)			
EDG	EWATER FL 32132			83					
			ļ	84 C	ity		FL	85 Zip	p Code
_	am familiar with, and accept the obl	igations of coolen continues, .							-
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12.	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS	13.		nature required	when reinstating) D ADDITIONS/CHANGES TO OFFICE	RS AND		
12.	Signature, typed or printed name of registered OFFICERS PVST	<u> </u>	13. 1.1 TH	le .	nature required	<u></u>	RS AND	DIRECT	
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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:** 

ATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/99

(904)423 - 9124