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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000036923 (6)

KAJAS JANITORIAL SERVICES, INC.

Principal	Place	of	Business

Mailing Address

1230 N. W. 123RD AVENUE PEMBROKE PINES FL 33026 1230 N. W. 123RD AVENUE PEMBROKE PINES FL 33026-3820

FILED Jun 16 1997 8:00am Secretary of State



<u>.</u>						3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1996
2. Principal P	lace of Business	2a. Mailing Addres	. <u></u>			4. FET Number Applied For
21	idoo or bosinoss	<u> </u>	26 Suite, Apt. #, etc.			65-0667854 Not Applicable
Sulte, Apt	#, etc.					S8 75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	6	City & State				6. Election Campaign Financing \$5.00 May Be
23 7in		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30			Florida Statutes Yes No
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Registered Agent
TUN	G, ANNETTE HO			81	Name	
1230	4000 NIM 40000 AVENUE					Idress (P.O. Box Number is Not Acceptable)
PEMBROKE PINES FL					000000	Nicos (i.e., cox ranipol to retribe splante)
(1)	: · · · · · · · · · · · · · · · · · · ·		Ī	83		
1				84	City	85 Zip Code
1	•			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607,1508, Florida	Statutes, the at	30V6	named co	orporation submits this statement for the purpose of changing its registored ration's board of directors. I hereby accept the appointment as registored
office or r	registered agent, or both, in the St im familiar with, and accept the ob-	ate of Florida, Such change digations of Section 607.05	o was authorized 505. Elorida Stat	d by utes	r the corpor	ration's board of directors. I hereby accept the appointment as registered.
· •	in tarrina in the same societies of	ingationic oi, oconori cor ico	7001 7 70 1111 01111			
SIGNATURE	Signature, typod or printed name of registered	agent and title if applicable	(NO1E: Registered	d Age	nt signature req	quired when reinstating) DATE
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRESIDENT	DELF	TE 1.1 TH	ILE		☐ Change ☐ Addition
NAME	ANNETTE E. HOTUN	<i>'</i> 6	1.2 NA	ME		
STREET ADDRESS	1230 NW 123 AUC		1.3 \$7	REET	ADDRESS	
CITY-ST-ZIP	Ambroke Pines, Fl	53026	1.4 00	TY-S	1-2(P	
: THTLE	VICE PRESIDENT	☐ DELE	TE 21 TIT	1LE		☐ Change ☐ Addition
NAME	BERETA CHINLOY		2.2 NA	ME		
ESTREET ADDRESS	1475 FAIRWAY RD		2.3 S1	BEET	ADDRESS	
CITY-ST-ZIP	Pembroke Pines Fl	33026	2. 4 C	(1 Y - 9	ST-ZIP	
TITLE	Secretary	DELE	TE 3.1 H1	TLE		Change Addition
NAME	AWEN CHINCOY		3.2 NA	ME		
STREET ADDRESS	1475 Fairway Rd		3.3 ST	KEE T	ADORESS	
CHY-ST-ZIP	Pembroke Pines Fl	33036	3.4 CI	ITY - S	61 - ZIP	
TITLE	Treasurer	☐ DELE	TE 4.1 T()	ILE		☐ Change ☐ Addition
NAME	POTER R. HOTUNG 1230 NW 123 AUG POMBrake Pines, Fl	•	4. 2 N	AM(
STREET ADDRESS	(230 NW 123 AU	e.	4.3 ST	REE1	ADDRESS	
CITY-ST-ZIP	Pombrake Pines, Fl	33076	4.4 CI	1Y-S	1-Z(P	1
TITLE ,		DELE	TE 5.1 711	ILE		Change Addition
NAME			5.2 NA	M/E		
STREET ADDRESS			5.3 S1	REFT	ADORESS	
C)TY-ST-ZIP			5 4 CI	1 Y - S	1 - ZIP	
STITLE		☐ DELF	TE 6.1 711	116		Change Addition
NAME			6.2 NA	ME		
ESTREET ADDRESS			6.3 ST	REE I	ADDRESS	
CITY-ST-ZIP	•		6.4 CI	TY-S	1-2IP	
72.4	The side of the si	Control of the contro	t and the faction			ted in Continue 440 07/00/0 Florida Cintudas I fuelbas postificibat that

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 seporation 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 Glock 13 if changed, or on an ayachment with an address.