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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

P96000036923 (6) DOCUMENT #

KAJAS JANITORIAL SERVICES, INC.

Principal Place of Business Mailing Address 1230 N. W. 123RD AVENUE 1230 N. W. 123RD AVENUE PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 2a. Mailing Address 2. Principal Place of Business

**FILED** 

May 14 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/29/1996 4. FEI Number Applied For 65-0667854 26 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country  $Z_{1}p$ Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 TUNG, ANNETTE H 1230 N.W. 123RD AVENUE **B2** Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 83 84 Zip Code 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change \_\_ Addition TITLE 1.1 TITLE HOTUNG, ANNETTE NAME 1.2 NAME 1230 NW 123 AVE. STREET ADDRESS 1.3 STREET ADDRESS **PEMBROKE PINES FL** CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CHINLOY, BERETA 2.2 NAME 1475 FAIRWAY RD. STREET ADDRESS 2.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE Change Addition 3.1 TITLE CHINCOY, OWEN NAME 3.2 NAME 1475 FAIRWAY RD. STREET ADDRESS 3.3 STREET ADDRESS PEMBROKE PINES FL 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE HOTUNG, PETER R. 4. 2 NAME 1230 NW 123 AVE. STREET ADDRESS 4.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP CITY-ST-ZIP

14. Thereby 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 of 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

PETER R HOTUNG U-26-98